



2007 Edition

# Active Projects Report

Research and Demonstrations in Health Care Financing

A Comprehensive Guide to  
CMS's Research Activities



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# The Active Projects Report

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The Active Projects Report is a yearly publication that reports CMS's research activities. Throughout the year, CMS directs roughly 600 individual research, demonstration, and evaluation projects. Our research helps to identify future trends that may influence our programs, meet the needs of vulnerable populations, and examine the cost-effectiveness of our policies. Demonstration projects test, for example, how a new payment system, preventive service, or health promotion campaign actually affect our programs, beneficiaries, States, and providers. Evaluation projects validate our research and demonstration findings and help us monitor the effectiveness of Medicare, Medicaid, and SCHIP. The Active Projects Report provides a brief description of each project and its status. It also provides an identification number, the project title, the project number, the CMS project officer, the awardee, funding, principal investigator, and the period of performance. An index that is organized by project titles is provided at the back of this book. More detailed information regarding specific projects may be obtained directly from CMS project officers. This is the twenty-sixth edition of the Active Projects Report. For more information, please visit the CMS Web site at <http://www.cms.hhs.gov/ActiveProjectsReport>

## Active Projects Report; Reconsideration, Revision, and Production Improvements

**Project No:** 500-00-0059/02  
**Project Officer:** James Beyer  
**Period:** September 2001 to September 2005  
**Funding:** \$148,544  
**Principal Investigator:** Kenitra Smith  
**Award:** Task Order (ADP Support)  
**Awardee:** IQ Solutions, Inc.  
 11300 Rockville Pike, Suite 801  
 Rockville, MD 20852

**Description:** The Office of Research, Development and Information and its predecessor organizations have annually published a report showing research and demonstration projects, both intramural and extramural. The current edition is entitled "Active Projects Report: 2006 Edition." The structure and presentation format of this publication has not been seriously reviewed for over 10 years. This project takes a careful look at the way this information is presented, i.e., the format and content of the publication, to see if a revision will make the information more accessible to users. This is accompanied by the need to improve the capacity for actual production of the annual book. The first draft copy should generate directly from the database that holds the project information. And, the process by which the data on each project is made current needs to be carefully examined and automated to the greatest extent possible. These last two items are directly related to our need to reduce the labor involved in first updating the information and second in the actual production of the book. The overall presentation of the "Active Projects Report" was reviewed and compared to other publications. This general review stimulated the idea that perhaps indicative charts should be intermingled with the descriptions of projects. On the detailed layout of the contents, it was determined that the existing two-

column format was the most comfortable for the material. Suggestions were made for some font and page layout changes that should improve readability. This process was nearly complete in late December of 2002 in time to begin detailed programming so that the 2002 version of the "Active Projects Report" could be produced in the new format. After the 2002 publication was produced, the 2003 and 2004 versions followed suit.

**Status:** The new active project report search tool, which is a web-enabled search engine, mirrors the publication's data and has been launched onto CMS's internal and public web sites. The project has been completed. ■

## Activities Prior to the Construction of State Medicaid Research Files (SMRFs) for 1996-1998

**Project No:** 500-95-0047/08  
**Project Officer:** David Baugh  
**Period:** September 2000 to December 2006  
**Funding:** \$2,381,124  
**Principal Investigator:** Suzanne Dodds  
**Award:** Task Order  
**Awardee:** Mathematica Policy Research, (DC)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** The purpose of this contract is to have Medicaid eligibility and services claims experts develop business rules to transform Medicaid (and SCHIP) person-level data records from the Medicaid Statistical Information System (MSIS) into records in the Medicaid Analytic Extract (MAX) system - formerly known as the State Medicaid Research Files (SMRFs). These business rules involve a number of activities related to eligibility, type of service, and combination of MSIS claims to

create MAX/SMRF final action service records. This involves reviewing MSIS documentation, developing MSIS to MAX/SMRF business rules, possible interaction with State Medicaid agency personnel to gather information, clarify issues and/or devise corrective action strategies. The contractor passes the business rules to another party, known here as the MAX producer, who processes the MSIS files according to the MAX business rules to create the MAX data files. Once the MAX producer develops MAX data, this contractor performs a comprehensive assessment of data quality and validity to assure that the final MAX data are of the highest possible quality. The validation process may involve a number of iterations between the MAX producer, and the contractor until data quality issues are resolved. Upon acceptance of the final MAX data files, the contractor assists the Federal project officer to prepare the data for access by the user community which includes CMS, other HHS components, other Federal and State agencies, foundations, consulting firms, and academic institutions. This includes preparation of explanatory materials on the business rules, data validation reports, data anomaly reports and limited technical consultation on data issues. Interested parties may obtain additional information at the CMS MAX web site: [http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/07\\_MAXGeneralInformation.asp#TopOfPage](http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/07_MAXGeneralInformation.asp#TopOfPage)

**Status:** The contractor has completed work on SMRF data for 1996 to 1998 and MAX data for 1999 to 2001. Work is nearing completion for the development of MAX data for 2002. It is anticipated that all MAX 2002 data will be available to the user community by early Summer 2006. A new contract has been awarded that will continue development of the MAX data for 2003 and later years. ■

#### Actuarial Research Contract

**Project No:** 500-03-0021  
**Project Officer:** Christopher Molling  
**Period:** September 2005 to September 2007  
**Funding:** \$995,000  
**Principal Investigator:**  
**Award:** Contract  
**Awardee:** Actuarial Research Corporation  
 6928 Little River Turnpike, Suite E  
 Annandale, VA 22003

**Description:** This project continues to estimate ad hoc requests from the Department of Health and Human Services, Centers for Medicare and Medicaid Services, White House and U.S. Congress. Estimates are made of proposed law, statute and regulations. The project

also continues the development and updating of the micro-simulation model used to support health policy analysis. This model is used by CMS to analyze impacts of changes in U.S. health care and for requirements of HIPAA. This is the third option year of the contract, one additional option year is planned.

**Status:** The project is current and ongoing. ■

#### ADA and Quality Initiatives

<b>Project No:</b>	500-00-0021/01
<b>Project Officer:</b>	Adrienne Delozier
<b>Period:</b>	September 2003 to September 2007
<b>Funding:</b>	\$4,558,583
<b>Principal Investigator:</b>	Brian Burwell
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	MEDSTAT Group (DC - Conn. Ave.) 4301 Connecticut Ave., NW, Suite 330 Washington, DC 20008

**Description:** On June 22, 1999, the U.S. Supreme Court, in Olmstead versus L.C., provided an important legal framework for State and Federal efforts to enable individuals with disabilities to live in the most integrated setting appropriate to their needs. This decision affirmed that no one should have to live in an institution or nursing home if they can live in the community with the right mix of supportive services for their long-term care. The Americans with Disabilities Act of 1990 (ADA) is both reinforced and clarified with the Olmstead decision. This decision has challenged the Federal Government and States to develop more opportunities for individuals with disabilities to live and participate in the community through more accessible systems of cost-effective community-based services. The Medicaid Program plays a critical role in making long-term care available in the community by offering States many opportunities to deliver this care through mandatory State plan services like home health and optional services such as personal care. In addition, most States rely heavily on the Medicaid 1915(c), 1915(b) and 1115 waiver authorities to provide long-term care in the community.

On June 19, 2001, the President released an Executive Order aimed at expanding community-based alternatives for people with disabilities. He directed a number of Cabinet Secretaries, including the Secretary of Health and Human Services (HHS), to "swift(ly) implement the Olmstead Decision (and) evaluate the policies, programs, statutes and regulations ... to determine whether any

should be revised or modified to improve the availability of community-based service for qualified individuals with disabilities." Each agency head was required to report to the President, through the Secretary of HHS, the results of their evaluation. A preliminary report, entitled Delivering on the Promise, was sent to the President on December 21, 2001. Individual Agency and Department Reports were sent on March 25, 2002. The HHS Report is entitled Progress on the Promise.

This contract supports several tasks that further the goals of the ADA, the Olmstead Decision, and the New Freedom Initiative including:

1. Ensuring Quality in the Medicaid Home and Community Based Services (HCBS) Waiver Program  
 - Provides a National Technical Assistance Contractor for the provision of technical assistance to States, the Centers for Medicare & Medicaid Services (CMS) Central Office, and CMS Regional Offices in the areas of quality management, including quality assurance a

**Status:** The project is underway. ■

#### Administration of the PACE Health Survey

**Project No:** 500-00-0030/03  
**Project Officer:** Louis Johnson  
**Period:** September 2001 to December 2006  
**Funding:** \$1,033,894  
**Principal Investigator:** Edith Walsh  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (MA)  
 411 Waverley Oaks Road, Suite 330  
 Waltham, MA 02452-8414

**Description:** The purpose of this project is to implement the Health Outcomes Survey for organizations that serve special populations. In 2003 and 2004, the PACE Health Survey was implemented for the PACE Program. The survey collected functional impairment information that supported frailty-adjusted Medicare capitation payments to PACE organizations for 2004 and 2005, respectively.

**Status:** During 2004, the PACE Health Survey was administered to enrollees of 27 PACE organizations. The overall response rate was 75 percent, with plan response rates ranging from 56 percent to 92 percent. These response rates were consistent with the response rates achieved for the PACE Health Survey in 2003. The functional impairment information collected by the 2004

PACE Health Survey was used to determine the frailty adjuster for each PACE organization for the purposes of Medicare payment in 2005. ■

#### ADP Services Supporting Research and Demonstration Activities - Research Management Technologies, Inc.

**Project No:** HHS-500-2004-00092P  
**Project Officer:** William Long  
**Period:** July 2004 to October 2005  
**Funding:** \$5,000  
**Principal Investigator:** Cliff Bailey  
**Award:** Simplified Acquisition  
**Awardee:** Research/Management Technologies, Inc.  
 1312 Vincent Place  
 McClean, VA 22101-3614

**Description:** The goal of this project is to provide statistical support for Medicare Current Beneficiary Survey and other Information and Methods Group activities.

**Status:** The project is no longer active. ■

#### ADP Services Supporting Research, Analysis and Demonstration Activities - Base Contract

**Project No:** 500-02-0006  
**Project Officer:** David Barbato  
**Period:** September 2002 to September 2007  
**Funding:** \$0  
**Principal Investigator:** Celia H. Dahlman  
**Award:** Task Order Contract, Base  
**Awardee:** CHD Research Associates  
 5515 Twin Knolls Road #322  
 Columbia, MD 21045

**Description:** CMS's research, analytic, and demonstration projects require computer and related support services to access, manipulate, process, and develop data and files. The data files include those derived from the Medicare and Medicaid Programs as well as those from CMS contracts and grants or other sources. Current and anticipated internal resources are insufficient to handle the range and quantity of

requirements that arise from these projects and from projects that will occur in the future.

**Status:** The contract is due to end in September 2007. ■

### Adverse Events Among Chronically Ill

#### Beneficiaries: Variations by Geographic Area, Organization of Practice, and LTC Setting

**Project No:** HHSM-500-2005-00020I/000I  
**Project Officer:** Arthur Meltzer  
**Period:** September 2005 to September 2008  
**Funding:** \$299,780  
**Principal Investigator:** Christine Bishop  
**Award:** Task Order (MRAD)  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
415 South Street, P.O. Box 9110  
Waltham, MA 02254-9110

**Description:** This task order will conduct analytic studies designed to better understand the nature of chronic disease among Medicare beneficiaries and to improve the care of these populations.

**Status:** The 723 data are not yet available. ■

### Airway Clearance for Prevention of Chronic Obstructive Pulmonary Disease (COPD) Exacerbations

**Project No:** 18-P-91858/03-01  
**Project Officer:** Carl Taylor  
**Period:** September 2003 to September 2004  
**Funding:** \$99,350  
**Principal Investigator:** Gregory Diette  
**Award:** Grant  
**Awardee:** Johns Hopkins University School of Medicine  
720 Rutland Avenue  
Baltimore, MD 21205

**Description:** Approximately 60-70 percent of patients with minor to severe COPD have chronic cough and

phlegm, and recent evidence shows that chronic mucus hypersecretion is associated with greater decline in lung function, increased airways reactivity, more frequent respiratory infections, and exacerbations and increased mortality. This study hypothesized that mechanical airway clearance techniques will diminish exacerbations of COPD, thereby improving respiratory health status. The specific aim of this proposal was to conduct a pilot study that is a randomized, masked clinical trial of one form of mechanical airway clearance, high frequency chest wall oscillation (HFCWO) with a pneumatic vest to determine if we can reduce the rate of COPD exacerbations. The information gained from this pilot would inform the planning of a larger, national multi-center trial that would provide definitive evidence of the efficacy of HFCWO to prevent COPD exacerbations. This study design called for randomly assignment of 50 subjects to 1 of 2 groups. The active treatment group used a conventional vest (HFCWO) for 12 weeks, and the control group was assigned to use a sham (deactivated) version of the vest. The primary study outcome will be reduction in COPD exacerbations. The secondary outcomes measured include quality of life, functional capacity, lung function, and health care use.

**Status:** The grant has received a one-year no-cost extension through September 29, 2005. The final budget report was submitted on December 16, 2005. ■

### Analysis of Large Data Sets Task Order Contract - Acumen

**Project No:** 500-01-003I  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$1,000  
**Principal Investigator:** Thomas MacCurdy  
**Award:** Task Order Contract, Base  
**Awardee:** Acumen, LLC  
1415 Rollins Rd  
Burlingame, CA 94010

**Description:** This is the base award for an Indefinite Delivery, Indefinite Quantity (IDIQ) task order contract. These projects involve a wide range of general analysis of data activities relating to Medicare, Medicaid, Managed Care, Long Term Care, children's health insurance, low income, and uninsured programs; financing and delivery of health services or quality; and appropriateness of health services and various other associated topics. Tasks include the analysis of data to

assist health care financing research studies or projects; acquiring and analyzing data; assisting in providing technical assistance or training; pilot testing; framing and designing a project; convening technical expert groups or panels; developing options or issue papers with interim and final reports; conducting actuarial, statistical, and other analyses; preparing administrative clearance packages; meeting with government and non-government groups; abstracting records and other claims/forms; and making presentations when necessary; preparing papers and articles; disseminating findings; literature reviews; etc.

**Status:** This is the base contract on which subsequent task orders are awarded. Currently there is one task order awarded under this contract. Individual tasks are described separately. ■

#### **Analysis of Large Data Sets Task Order Contract - Anasys**

**Project No:** 500-01-0037  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Joshua Park  
**Award:** Task Order Contract, Base ANASYS  
**Awardee:** 10450 Shaker Drive, Suite 113 Columbia, MD 21046

**Description:** This is the base contract under which task orders can be awarded for a wide range of general analysis of data activities. These projects will relate to: Medicare, Medicaid, Managed Care, Long Term Care, Children's Health Insurance, and related programs; financing and delivery of health services; quality and appropriateness of health services; or various other associated topics. The contractor can be required to perform tasks involving the analysis of data to assist health care financing research studies or projects. The contractor must have, or must be able to acquire, the resources and expertise to perform these functions on an almost immediate basis.

**Status:** This is the base contract on which subsequent task orders are awarded. It remains active as long as any single task is underway. Currently there are no task orders awarded under this task order. ■

#### **Analysis of Large Data Sets Task Order Contract - Econometrica**

**Project No:** 500-01-0039  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Cyrus Baghelai  
**Award:** Task Order Contract, Base Econometrica, Inc.  
**Awardee:** 4401 East-West Hwy, Suite 303 Bethesda, MD 20814

**Description:** This is the base award for an Indefinite Delivery, Indefinite Quantity (IDIQ) task order contract. These projects involve a wide range of general analysis of data activities relating to Medicare, Medicaid, Managed Care, Long Term Care, children's health insurance, low income, and uninsured programs; financing and delivery of health services or quality; and appropriateness of health services and various other associated topics. Tasks include the analysis of data to assist health care financing research studies or projects; acquiring and analyzing data; assisting in providing technical assistance or training; pilot testing; framing and designing a project; convening technical expert groups or panels; developing options or issue papers with interim and final reports; conducting actuarial, statistical, and other analyses; preparing administrative clearance packages; meeting with government and non-government groups; abstracting records and other claims/forms; and making presentations when necessary; preparing papers and articles; disseminating findings; literature reviews; etc.

**Status:** This is the base contract on which subsequent task orders are awarded. It remains active as long as any single task is underway. Currently there are no task orders awarded under this contract. ■

#### **Analysis of Large Data Sets Task Order Contract - JEN**

**Project No:** 500-01-0035  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$1,000  
**Principal Investigator:** Dan Gilden  
**Award:** Task Order Contract, Base

**Awardee:** JEN Associates, Inc.  
P.O. Box 39020  
Cambridge, MA 02139

**Description:** This is the base contract under which task orders can be awarded for a wide range of general analysis of data activities. These projects will relate to: Medicare, Medicaid, Managed Care, Long Term Care, Children's Health Insurance, and related programs; financing and delivery of health services; quality and appropriateness of health services; and various other associated topics. The contractor can be required to perform tasks involving the analysis of data to assist health care financing research studies or projects. The contractor must have, or must be able to acquire, the resources and expertise to perform these functions on an almost immediate basis.

**Status:** This is the base contract on which subsequent task orders are awarded. It remains active as long as any single task is underway. Currently there is one task order awarded under this contract. Individual task orders are defined separately. ■

#### **Analysis of Large Data Sets Task Order Contract - Jing Xing**

**Project No:** 500-01-0040  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Steward Wong  
**Award:** Task Order Contract, Base  
**Awardee:** Jing Xing Technologies  
PO Box 6655, 1312 Vincent Place  
McLean, VA 22106-6655

**Description:** This is the base award for an Indefinite Delivery, Indefinite Quantity (IDIQ) task order contract. These projects involve a wide range of general analysis of data activities relating to Medicare, Medicaid, Managed Care, Long Term Care, children's health insurance, low income, and uninsured programs; financing and delivery of health services or quality; and appropriateness of health services and various other associated topics. Tasks include the analysis of data to assist health care financing research studies or projects; acquiring and analyzing data; assisting in providing

technical assistance or training; pilot testing; framing and designing a project; convening technical expert groups or panels; developing options or issue papers with interim and final reports; conducting actuarial, statistical, and other analyses; preparing administrative clearance packages; meeting with government and non-government groups; abstracting records and other claims/forms; and making presentations when necessary; preparing papers and articles; disseminating findings; literature reviews; etc.

**Status:** This is the base contract on which subsequent task orders are awarded. It remains active as long as any single task is underway. Currently no task orders have been awarded under this contract. ■

#### **Analysis of Large Data Sets Task Order Contract - Klemm**

**Project No:** 500-01-0038  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Bebecca Klemm  
**Award:** Task Order Contract, Base  
**Awardee:** Klemm Analysis Group, Inc.  
1725 Massachusetts Ave, NW, Suite 501  
Washington, DC 20036-2104

**Description:** This is the base contract under which task orders can be awarded for a wide range of general analysis of data activities. These projects will relate to: Medicare, Medicaid, Managed Care, Long Term Care, Children's Health Insurance, and related programs; financing and delivery of health services; or quality and appropriateness of health services and various other associated topics. The contractor can be required to perform tasks involving the analysis of data to assist health care financing research studies or projects. The contractor must have, or must be able to acquire, the resources and expertise to perform these functions on an almost immediate basis.

**Status:** This is the base contract on which subsequent task orders are awarded. It remains active as long as any single task is underway. Currently there are no task orders awarded under this contract. ■

## Analysis of Large Data Sets Task Order Contract - McDonald

**Project No:** 500-01-0034  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Walter McDonald  
**Award:** Task Order Contract, Base  
**Awardee:** Walter R. McDonald & Associates, Inc.  
 7311 Greenhaven Dr, Suite 273  
 Sacramento, CA 95831

**Description:** This is the base contract under which task orders can be awarded for a wide range of general analysis of data activities. These projects will relate to: Medicare, Medicaid, Managed Care, Long Term Care, Children's Health Insurance, and related programs; financing and delivery of health services; quality and appropriateness of health services; and various other associated topics. The contractor can be required to perform tasks involving the analysis of data to assist health care financing research studies or projects. The contractor must have, or must be able to acquire, the resources and expertise to perform these functions on an almost immediate basis.

**Status:** This is the base contract on which subsequent task orders are awarded. It remains active as long as any single task is underway. Currently there are no task orders awarded under this contract. ■

**Description:** This is the base contract under which task orders can be awarded for a wide range of general analysis of data activities. These projects will relate to: Medicare, Medicaid, Managed Care, Long Term Care, Children's Health Insurance, and related programs; financing and delivery of health services; quality and appropriateness of health services; and various other associated topics. The contractor can be required to perform tasks involving the analysis of data to assist health care financing research studies or projects. The contractor must have, or must be able to acquire, the resources and expertise to perform these functions on an almost immediate basis.

**Status:** This is the base contract on which subsequent task orders are awarded. It remains active as long as any single task is underway. Currently there are no task orders awarded under this contract. ■

## Arizona Health Care Cost Containment System

**Project No:** 11-W-00032/09  
**Project Officer:** Steven Rubio  
**Period:** October 1982 to September 2011  
**Funding:** \$0  
**Principal Investigator:** Anthony Rodgers  
**Award:** Waiver-Only Project  
**Awardee:** Arizona Health Care Cost Containment System  
 701 East Jefferson, MD 7000  
 Phoenix, AZ 85034

**Description:** The Arizona Health Care Cost Containment System began operation on October 1, 1982, and initially covered only acute-care services. The Arizona Long-Term Care System component was implemented in 1988. A phase-in of comprehensive behavioral health services began in 1990 and was completed in 1995. The demonstration has been extended on several occasions, most recently through September 30, 2006. On January 18, 2001, CMS approved an expansion to increase eligibility for the acute care program to 100 percent of the Federal Poverty Level (FPL). This expansion began on April 1, 2001 and had added almost 125,000 enrollees through October 1, 2003. In addition, Arizona received approval of an amendment under the Health Insurance Flexibility and Accountability initiative on December 12, 2001. This amendment covers single adults and childless couples with income

## Analysis of Large Data Sets Task Order Contract - QRS

**Project No:** 500-01-0036  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Alfred Meltzer  
**Award:** Task Order Contract, Base  
**Awardee:** Quality Resources Systems  
 11350 Random Hills Rd, Suite 100  
 Fairfax, VA 22030-6044

at or below 100 percent FPL and parents of Medicaid and State Children's Health Insurance Program children with income between 100 percent and 200 percent FPL. Approximately one million persons are currently enrolled in the program.

**Status:** The demonstration is approved through September 30, 2006. Approximately one million persons are currently enrolled in the program. Arizona submitted a request for a three year extension on September 26, 2005 and is currently being processed for an extension to begin on October 1 which would run through September 30, 2009. ■

### Arkansas 1115

**Project No:** 11-W-00116/06  
**Project Officer:** Marguerite Schervish  
**Period:** October 1998 to November 2006  
**Funding:** \$0  
**Principal Investigator:** Deborah Ellis  
**Award:** Waiver-Only Project  
**Awardee:** Arkansas, Department of Health and Human Services  
 Division of Medical Services  
 UR PO Box 1437  
 Little Rock, AR 72203-1437

**Description:** The National Cash and Counseling Demonstration was an innovative model of consumer-direction in the planning, selection, and management of community-based personal care and related health services. Consumers were given a monthly cash allowance that they used to purchase the assistance they require for daily living. The Cash and Counseling Demonstration and Evaluation occurred in three States: Arkansas, Florida, and New Jersey. Under the section 1115 demonstration authority of the Social Security Act and the initial design of the program, participants were assigned to a treatment group or a control group. Beneficiaries selected for the treatment group received cash allowances, which they used to select and purchase the personal assistance services (PAS) that met their needs. Fiscal and counseling intermediary services are available to those members of the treatment group who wish to utilize them. Individuals assigned to the control group received PAS services from traditional Medicaid providers, with the State making all vendor payments. Other partners in this collaborative effort included the Robert Wood Johnson Foundation, which funded the development of these projects; the Office of the

Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services, which funded the evaluation; the National Program Office at Boston College, which performed various coordinating functions; the University of Maryland's Center on Aging, which conducted ethnographic studies; and the National Council on Aging, which has served in an advisory capacity. An evaluation contract was awarded to Mathematica Policy Research, Inc. Mathematica assessed differential outcomes with respect to cost, quality, and client satisfaction between traditional PAS services and alternative choice modalities. These reports can be found at [www.cashandcounseling.org](http://www.cashandcounseling.org).

**Status:** CMS approved the Arkansas Independent Choices demonstration on October 9, 1998, and implementation began December 1, 1998. Enrollment and random assignment began in December 1998 and continued until the evaluation target of 2,000 enrollees in April 2001. CMS approved an amendment to the program on October 2, 2002. Since that time, the program has met the CMS requirements to be conferred the Independence Plus designation. The amendment allowed Arkansas to end randomization and to extend the program for 3 years. The program is scheduled to expire on November 30, 2006. Participants in the control group have been given the opportunity to enroll in the treatment group. Current participation is about 977. On April 26, 2006, the State submitted a request to amend and extend the program. ■

### Arkansas TEFRA-like Demonstration

**Project No:** 11-W-00163/06  
**Project Officer:** Steven Rubio  
**Period:** January 2003 to December 2007  
**Funding:** \$0  
**Principal Investigator:** Carolyn Patrick  
**Award:** Demonstration  
**Awardee:** Arkansas, Department of Health and Human Services  
 Division of Medical Services  
 UR PO Box 1437  
 Little Rock, AR 72203-1437

**Description:** The demonstration removed the optional TEFRA group from the State Medicaid Plan and placed them into this 1115 demonstration. The same services are provided, with a premium implemented based on a sliding scale dependent upon parental income. Federal

funds are to provide a match for demonstration-related expenditures, subject to a budget neutrality ceiling.

**Status:** The demonstration is continuing operations. The State is submitting quarterly progress reports. CMS is providing technical assistance as needed. ■

### ARKids First B

**Project No:** 11-W-00115/06  
**Project Officer:** Steven Rubio  
**Period:** September 1997 to September 2008  
**Funding:** \$0  
**Principal Investigator:** Roy Jeffus  
**Award:** Waiver-Only Project  
**Awardee:** Arkansas, Department of Health and Human Services  
 Division of Medical Services  
 UR PO Box 1437  
 Little Rock, AR 72203-1437

**Description:** The ARKids B demonstration expands eligibility to currently uninsured children through age 18 with family income at or below 200 percent of the Federal Poverty Level (FPL). The objectives of the demonstration are to integrate uninsured children into the Health Care Delivery System and Insurance Program. Arkansas's pre-existing section 1915(b) waiver program, ConnectCare, continues to operate as a separate program, enrolling applicants who meet current Medicaid eligibility requirements. ARKids B operates as a fee-for-service, primary care case management model. It employs the ConnectCare provider network currently in place for the section 1915(b) program.

**Status:** As of February 2006, there are more than 73,601 enrollees. ■

### Assertive Community Treatment (ACT) and other Community-Based Services for Persons with Mental Illness or Persons with Co-Occurring Mental Illness and Substance Abuse Disorders

**Project No:** 500-00-0051/02  
**Project Officer:** Peggy Clark  
**Period:** September 2002 to February 2005  
**Funding:** \$132,352  
**Principal Investigator:** Karen Linkins  
 Sharon Zeruld

**Award:** Task Order (RADSTO)  
**Awardee:** Lewin Group  
 3130 Fairview Park Drive, Suite 800  
 Falls Church, VA 22042

**Description:** Assertive Community Treatment (ACT) is a community-based psychosocial service intervention designed to provide comprehensive, multidisciplinary treatment to individuals who have severe and persistent mental illness. This task order will provide research, technical assistance, and guidance to States. The goal is to improve the understanding of existing options under Medicaid using both waivers and State plan services to improve access to community-based services, such as ACT, to children with an emotional disturbance and adults with mental illness or co-occurring mental illness and substance abuse or other disorders, as an alternative to a general hospital or nursing facility.

**Status:** This task order contract is a continuation and extension of previous work in FY1999 to FY2001 under SAMHSA contract number 282-98-0016, Task Order number 19, which evaluated the implementation of evidence-based ACT programs in States and the use of Medicaid in financing such programs. The contract was modified in FY2001 to gain a better understanding of current barriers and facilitators to using the Medicaid Rehabilitation Option and the Targeted Case Management Option, as well as to test the utility and efficacy of the Budget Simulation Model developed during the earlier phase of the project.

Final deliverables for this contract were received and contract completed in February 2005. ■

### Assess the Impact of Requiring Parity for Mental Health

**Project No:** HCFA-IA-00-100  
**Project Officer:** Fred Thomas  
**Period:** June 2000 to September 2004  
**Funding:** \$100,000  
**Principal Investigator:** Cille Kennedy, Ph.D.  
**Award:** Inter-agency Agreement  
**Awardee:** Office of the Assistant Secretary for Planning and Evaluation  
 200 Independence Avenue, SW  
 Washington, DC 20201-0001

**Description:** This agreement supports an evaluation of the impact of requiring parity for mental health and substance abuse benefits within the Office of Personnel

Management's (OPM) Federal Employees Health Benefits Program (FEHBP). For several years OPM has been interested in improving the mental health and substance abuse benefit in the FEHBP. OPM has now been directed to achieve full parity for these benefits by January 2001. There is substantial interest in various stakeholders in learning as much as possible about the effects of this change in coverage particularly the impact on access, utilization, quality, and costs.

**Status:** Data collection and study design activities are in process. A preliminary report is being reviewed by the involved funding agencies. ■

#### **Assessing Colorectal Cancer Knowledge and Improving Screening Rates Among Older Minorities in the City of Newark**

**Project No:** 25-P-92358/02-02  
**Project Officer:** Richard Bragg  
**Period:** September 2004 to May 2007  
**Funding:** \$231,386  
**Principal Investigator:** Ana Natale-Pereira  
**Award:** Grant  
**Awardee:** UMDNJ New Jersey Medical School  
150 Bergen Street  
Newark, NJ 07101

**Description:** Despite access to health care, screening for colorectal cancer remains low, particularly among Hispanics, due to several factors. Of those, lack of knowledge about the disease and screening recommendations by health care providers are significant barriers to screening. Other factors such as low literacy, socioeconomic status, and limited English proficiency have been linked to poor cancer outcomes.

This educational intervention study will: (1) assess CRC knowledge among the older minority population and community leaders of Newark, (2) develop a comprehensive CRC education module to educate community leaders using the educational sessions of workshops model; and (3) train the community leaders to use the CRC educational module as a tool to facilitate the dissemination of CRC information, enhance awareness and education, and increase screening rates.

**Status:** This project is under the Hispanic Health Services Research Grant Program. It is due to end in May 2007. ■

#### **Assessment of the Medicare & You Education Program**

**Project No:** 500-00-0037/03  
**Project Officer:** Lori Teichman  
**Period:** September 2001 to December 2005  
**Funding:** \$8,324,391  
**Principal Investigator:** Keith Cherry  
**Award:** Task Order (RADSTO)  
**Awardee:** Bearing Point  
1676 International Drive  
McLean, VA 22102-4828

**Description:** This project assesses how well CMS is communicating with Medicare beneficiaries, caregivers, and partners. As part of the National Medicare Education Program (NMEP), CMS provides information to beneficiaries about the Medicare Program and their Medicare+Choice options. The NMEP employs numerous communication vehicles to educate beneficiaries and help them make more informed decisions concerning: Medicare Program benefits; health plan choices; supplemental health insurance; rights, responsibilities, and protections; and health behaviors. The goal of NMEP is to ensure that beneficiaries receive accurate, reliable information; have the ability to access information when they need it; understand the information needed to make informed choices; and perceive the NMEP (and the Federal Government and its private sector partners) as trusted and credible sources of information.

**Status:** Work began in September 2001. The following subtasks are completed: The Medicare & You Regional Survey, REACH Partnership Report, The Medicare & You Handbook 2002 Postcard Feedback Report, REACH Audience Feedback Forms Report (2002 and 2003), the REACH Needs/Gaps Assessment Report, and the REACH Return on Investment Reports (2002 and 2003). Work continues on the following: The Medicare New Enrollee Survey, 1-800-MEDICARE Mystery Shopping, SHIPs Mystery Shopping, Nursing Home Quality Improvement Initiative, REACH Case Studies, REACH work plan and partnership databases, and NMEP Case Studies. Work was also done on: the Medicare-Approved Prescription Discount Drug Card Program Assessments (1) Review of Informational Materials, and (2) Mystery Shopping to Approved Sponsors. The project has been completed and all project deliverables were completed as fully satisfactory for CMS. ■

**Assessment of the U.S. Drug Safety System**

**Project No:** HHSM-500-2005-00026C  
**Project Officer:** Fatima Millar  
**Period:** September 2005 to December 2006  
**Funding:** \$400,000  
**Principal Investigator:**  
**Award:** Contract  
**Awardee:** National Academy of Sciences, Institute of Medicine  
2101 Constitution Ave, NW  
Washington, DC 20418

**Description:** The contractor shall prepare a report assessing the current system for evaluating and ensuring drug safety post-marketing and make recommendations to improve risk assessment surveillance, and the safe use of drugs in accordance with Section C. CMS is providing partial funding for this effort. Total estimated cost of the contract is \$1,354,656.

**Status:** On February 27, 2006, CMS staff met with IOM staff and the Committee Chair per their request for CMS to address questions about CMS's role in U.S. Drug Safety.

Here are the IOM Committee Meetings schedule:

Drug Safety: Meeting One Jun 8, 2005

Drug Safety: Meeting Two Jul 19, 2005

Drug Safety: Meeting Three Oct 25, 2005

Drug Safety: Meeting Four Jan 17, 2006

Drug Safety: Meeting Five Mar 27, 2006

More information can be found at <http://www.iom.edu/CMS/3793/26341.aspx>. ■

**Assessment, Refinement, and Analysis of the Existing Prospective Payment System for Skilled Nursing Facilities**

**Project No:** 500-00-0025/02  
**Project Officer:** Jeanette Kranacs  
**Period:** July 2001 to July 2007  
**Funding:** \$5,075,408  
**Principal Investigator:**  
**Award:** Task Order (RADSTO)  
**Awardee:** Korbin Liu  
Urban Institute  
2100 M Street, NW  
Washington, DC 20037

**Description:** This project supports CMS in (1) the assessment of the feasibility of refining the current Medicare payment system for skilled nursing facilities and, if feasible, producing analyses that support these refinements, and (2) our exploration of different systems for categorizing patients and their resource allocation. It will analyze data and prepare a report containing recommendations for possible revisions to the classification of patients in a manner that accounts for the relative resource use of different patient types.

**Status:** Phase I focused on the design and creation of a database. Phase II analyses support annual refinements to the payment system and analysis, testing, simulations, and making recommendations regarding potential options for modifying, restructuring, or reconfiguring the existing patient classification and payment system for skilled nursing facilities. ■

**Background Check Pilot Program**

**Project No:** 500-00-0019/01  
**Project Officer:** Kathryn Linstromberg  
**Period:** September 2004 to September 2007  
**Funding:** \$2,306,007  
**Principal Investigator:**  
**Award:** Task Order (RADSTO)  
**Awardee:** Joyce McMahon  
C.N.A. Corporation  
4825 Mark Center Drive  
Alexandria, VA 22311-1850

**Description:** This request for proposal is to assist States and CMS by providing direct technical assistance to the States that are selected to participate in a

statutorily mandated 3-year Background Check Pilot Program. The participating States are responsible for implementing State programs that require the conducting of comprehensive background checks of prospective direct access employees of long-term care facilities and providers.

**Status:** The project is underway and the pilot States are providing data to CMS on the efficacy of their programs. ■

### BadgerCare Demonstration

**Project No:** 11-W-00125/05  
**Project Officer:** Wanda Pigatt-canty  
**Period:** January 1999 to March 2007  
**Funding:** \$0  
**Principal Investigator:** Mark Moody  
**Award:** Demonstration  
**Awardee:** Wisconsin Department of Health and Family Services  
One West Wilson Street, PO Box 309  
Madison, WI 53701

**Description:** The State of Wisconsin initially received approval to use funding from the State Children's Health Insurance Program (SCHIP) to expand Medicaid coverage under their State Plan for children ages 15 through 18 who are in families with incomes below 100 percent of the Federal Poverty Level (FPL). This approval was given on May 29, 1998 and implemented on April 1, 1999.

Under an SCHIP amendment and through the Department's Section 1115 demonstration authority for a Title XIX expansion, a second Medicaid expansion was implemented to include all remaining children not currently covered by Medicaid and their parents with family income up to 185 percent of the FPL. The parents are covered at the regular Federal Medical Assistance Percentage (FMAP) under a Title XIX expansion. The children are covered at the Title XXI (SCHIP)-enhanced FMAP. The State also receives the Title XXI FMAP for both the parents and the children if cost-effectiveness for family coverage through employer-sponsored insurance (ESI) can be demonstrated under Title XXI criteria.

Once a family is enrolled, eligibility is retained in the program until the family income reaches above 200 percent FPL. Children living with a caretaker relative are also covered if they are not otherwise covered by Medicaid under the State Plan, but the caretaker relative for these children is not covered under this expansion.

There is a regular Medicaid buy-in program for families who do not meet Title XXI cost-effectiveness criteria for ESI. However, the enhanced match is only for the children, while the parents are covered under the regular Title XIX FMAP rate. The Title XXI (SCHIP) enhanced FMAP is only available for the entire family if cost-effectiveness is met under Title XXI criteria.

**Status:** On January 18, 2001, the State received approval to obtain enhanced match for parents with incomes between 100 and 185 percent of FPL, who were currently covered under the existing demonstration. The waiver was approved for renewal on March 31, 2004. The current waiver will expire on March 31, 2007. As of December 2004 approximately 93,000 beneficiaries are enrolled in the BadgerCare demonstration. ■

### Beneficiary Knowledge: Questionnaire Item Development and Cognitive Testing Using Item Response Theory

**Project No:** 500-00-0024/02a  
**Project Officer:** Noemi Rudolph  
**Period:** May 2001 to August 2005  
**Funding:** \$227,149  
**Principal Investigator:** Lauren McCormack  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis Road  
Research Triangle Park, NC 27709-2194

**Description:** Questions on the Medicare Current Beneficiary Survey (MCBS) have changed from year to year to address the newest features of the Medicare health plans and to adapt to changing priorities and

goals of CMS. However, the changing content makes it difficult to measure improvement or decline in beneficiary knowledge from year to year and therefore to evaluate the effectiveness of the National Medicare Education Program (NMEP). The purpose of this project is to develop a substantial pool of Medicare beneficiary knowledge questions and to test cognitive reliability and validity of these items thereby assuring a consistent Medicare knowledge index over time. The principles of Item Response Theory will be used in the development of the questions and the Medicare knowledge index.

This project will also plan and conduct a symposium on the normative standards and limits of beneficiary knowledge of the Medicare Program. The goals of the symposium will be to engage national experts in discussing how much Medicare beneficiaries can be expected to know about the program, to identify key deficits and critical messages, and to determine how the NMEP or its messages might be revised in response to these findings.

**Status:** The knowledge questions were fielded in the MCBS in Spring 2003. The final report, "Measuring Knowledge and Health Literacy Among Medicare Beneficiaries" is available at <http://www.cms.hhs.gov/reports/downloads/Bann.pdf> in the CMS website. The symposium was held in November 2004. ■

### Best Practices for Enrolling Low-Income Beneficiaries into the Medicare Prescription Drug Benefit Program

**Project No:** 500-00-0033/10  
**Project Officer:** Noemi Rudolph  
**Period:** September 2005 to September 2008  
**Funding:** \$1,421,712  
**Principal Investigator:** Beth Stevens, PhD  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research, (Princeton)  
600 Alexander Park, PO Box 2393  
Princeton, NJ 08543-2393

**Description:** The purpose of this task order is to design and conduct an analysis to identify the best practices of successfully enrolling low-income beneficiaries into the Medicare Drug Coverage Program. The findings from the study will be used to prepare a Report to Congress. The contractor will conduct analyses of primary data collected via interviews, focus groups, surveys, and case studies and an analysis of secondary data to determine take-up and enrollment rates using CMS data and other

databases containing socio-economic data by geographic area.

**Status:** The first round of expert and stakeholder interviews, focus groups of beneficiaries, and a survey of State agencies is planned for summer 2006. An interim report highlighting the findings is expected at the end of 2006. ■

### Cancer Prevention for Post-Reproductive Age Women Along the U.S. Mexico Border

**Project No:** 25-P-91768/09-02  
**Project Officer:** Richard Bragg  
**Period:** September 2002 to September 2005  
**Funding:** \$244,371  
**Principal Investigator:** Francisco A.R. Garcia  
**Award:** Grant  
**Awardee:** University of Arizona, Arizona Board of Regents  
888 North Euclid, No.A510  
Tucson, AZ 85721

**Description:** The applicant is developing and assessing the effectiveness of an educational intervention on the utilization of cancer screening services and cancer awareness among older, poor Hispanic women. The aims of the study are to:

(1) assess the effectiveness of a group education community health worker intervention with regard to increased awareness and knowledge of breast and cervical cancer, as well as utilization of breast and cervical cancer screening services; (2) determine the proportion of women who comply with annual follow-up screening recommendations for breast and cervical cancer based on self-report and review of medical records; (3) describe the determinants of regular cancer screening behavior, including monthly self breast examination and annual clinical breast examination, mammography, and cervical cytology (pap smears); and (4) determine the prevalence of pre-malignant cervical disease (e.g., HPV infection and abnormal cytology), and breast abnormalities at follow up of initial screening examination.

**Status:** The project was awarded under CMS's Hispanic Health Services Research Grant Program. It is complete. ■

## Cervical Cancer Mortality - A Marker for the Health of Poor and Underserved Women

<b>Project No:</b>	961-3-P44002
<b>Project Officer:</b>	Diana Ayres
<b>Period:</b>	August 2003 to December 2004
<b>Funding:</b>	\$18,000
<b>Principal Investigator:</b>	Dawn FitzGerald Gladys Hunt
<b>Award:</b>	PRO Contract Special Study with QIO
<b>Awardee:</b>	QSource Center for Healthcare Quality 3175 Lenox Park Blvd. - Suite 309 Memphis, TN 38115-4291

**Description:** The primary objective of the study was to compare county-level cervical cancer screening rates between the U.S. and specific populations in the following States: Kentucky, Alabama, Louisiana, West Virginia, and Mississippi. The secondary objectives were to compare these populations to other State and national rates and to determine the feasibility of providing quantitative evidence that shows the relationship of high mortality with low screening rates for African-American beneficiaries in the Deep South and Caucasians in Appalachia.

**Status:** The project is completed. A final report was delivered in November 2004. ■

## Children's Health Initiative

<b>Project No:</b>	18-P-93126/9-01
<b>Project Officer:</b>	Lyn Killman
<b>Period:</b>	July 2005 to June 2006
<b>Funding:</b>	\$297,600
<b>Principal Investigator:</b>	Margo Maida
<b>Award:</b>	Grant
<b>Awardee:</b>	Santa Clara Valley Health and Hospital System 2325 Enborg Lane, #320 San Jose, CA 95128

**Description:** The Children's Health Initiative seeks to reach all uninsured children in Santa Clara County whose families have incomes at or below 300% of the federal poverty level. Through an extensive outreach and enrollment design, workers and volunteers discuss the benefits of health insurance for children with families, evaluate the families' eligibility, and then assist the family in enrolling their child/children in the appropriate

health insurance program (Medi-Cal, Healthy Families, or Healthy Kids). This project includes education and training support for staff, a Children's Health Initiative Toll-Free Telephone Line, and a walk-in Center providing outreach and application assistance information to enrollees in three languages (English, Spanish, and Vietnamese).

**Status:** This grant was awarded effective July 1, 2005 and ends June 30, 2006. An annual progress report for the grant period is anticipated by September 30, 2006. ■

## Chiropractor Demonstration

<b>Project No:</b>	ORDI-05-0006
<b>Project Officer:</b>	Claudia Lamm
<b>Period:</b>	April 2005 to March 2007
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	
<b>Award:</b>	Waiver-Only Project
<b>Awardee:</b>	Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244-1850

**Description:** The Centers for Medicare and Medicaid Services (CMS) will conduct a demonstration to expand coverage of chiropractic services in the State of Maine (rural); New Mexico (rural HPSA); 26 counties in Northern Illinois and Scott County Iowa (urban); and 17 central counties in Virginia (urban HPSA). The demonstration began in April 2005 and will operate for two years.

Any chiropractor that provides services in these geographic areas will be able to participate in the demonstration. Any beneficiary enrolled under Medicare Part B, and served by chiropractors practicing in these sites would be eligible to receive services. Physician approval would not be required for these services. The statute requires that the demonstration be budget neutral.

**Status:** The demonstration began on April 1, 2005. ■

## Chronically Ill Disease Research Data Warehouse (Section 723) - Phase II

<b>Project No:</b>	HHSM-500-2005-00182G
<b>Project Officer:</b>	Spike Duzor
<b>Period:</b>	September 2005 to September 2007
<b>Funding:</b>	\$4,096,762
<b>Principal Investigator:</b>	
<b>Award:</b>	GSA Order
<b>Awardee:</b>	Iowa Foundation for Medical Care 6000 Westown Parkway West Des Moines, IA 50266

**Description:** This contractor will operate the section 723 warehouse and develop a process to disseminate data to health services researchers studying ways to improve the quality and reduce the cost of care provided to chronically ill Medicare beneficiaries. Additionally this contract expands the sample of beneficiaries and data elements to be included in the data warehouse.

**Status:** The project is underway. ■

## Chronically Ill Medicare Beneficiary Research, Data, and Demonstration

<b>Project No:</b>	500-00-0031/04
<b>Project Officer:</b>	Linh Phuong
<b>Period:</b>	November 2004 to December 2006
<b>Funding:</b>	\$789,621
<b>Principal Investigator:</b>	Christopher Tompkins Dan Gilden
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Brandeis University, Heller Graduate School, Institute for Health Policy 415 South Street, P.O. Box 9110 Waltham, MA 02254-9110

**Description:** This project is in support of Section 723 of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA). Brandeis/JEN will evaluate the current Enterprise Cross Reference (ECR) and Medicare, Medicaid, and Assessment link keys developed by OIS. They will provide recommendations on the OIS link-key process and confidence score weights by defining how specific data elements should be considered when matching records both within State and across State matching.

**Status:** Brandeis/JEN delivered the first draft for MDS/OASIS (Assessment) self-linkage process within State

and the validation approach that could be considered in the OIS process at the end of February 2005. A final draft is expected to be complete by early October 2006. ■

## Church-Based Educational Intervention Program on Prostate Cancer Screening for African-American Males, A

<b>Project No:</b>	20-P-91879/04-02
<b>Project Officer:</b>	Richard Bragg
<b>Period:</b>	September 2003 to September 2006
<b>Funding:</b>	\$249,991
<b>Principal Investigator:</b>	Baqar Husaini
<b>Award:</b>	Grant
<b>Awardee:</b>	Tennessee State University 3500 John Merritt Boulevard Nashville, TN 37209-1561

**Description:** This project proposes to develop and test the effectiveness of a church-based prostate cancer education program for 400 African-American men randomly selected from 40 African-American churches in Nashville, Tennessee. The project addresses two issues: (1) the racial disparities in the prevalence and mortality rates of prostate cancer, and (2) the lack of prostate cancer intervention programs for African-American men who are at higher risk for this disease. The purpose of the intervention is to increase cancer knowledge and screenings among African-American males, and to determine barriers to screening.

**Status:** This project is provided under the HBCU Health Services Research Grant Program. ■

## Clinical and Economic Effectiveness of a Technology-Driven Heart Failure Monitoring System

<b>Project No:</b>	18-C-91172/03
<b>Project Officer:</b>	John Pilotte
<b>Period:</b>	September 2000 to September 2005
<b>Funding:</b>	\$3,000,000
<b>Principal Investigator:</b>	Mariell Jessup, MD
<b>Award:</b>	Cooperative Agreement

**Awardee:** University of Pennsylvania, Heart Failure and Cardiac Transplant Program  
6 Penn Tower, 3400 Spruce Street Philadelphia, PA 19104

**Description:** This demonstration project assesses the clinical and economic impact of the Alere DayLink Heart Failure Monitoring System on Medicare beneficiaries recently hospitalized or with acute exacerbation of congestive heart failure. The project uses a randomized study design to assess the addition of the Alere DayLink Heart Failure Monitoring System to standard management of heart failure medical care and its impact on re-hospitalizations for heart failure over a 12 month period. Patients initially randomized to the intervention group will be re-randomized at 6 months to either receive an additional 6 months of monitoring or to usual heart failure medical care. The project analyzes the impact of the monitoring system on Medicare utilization, Medicare costs, beneficiary functional status, physician adherence to recommended clinical care guidelines, patient adherence with prescribed therapy, and patient and provider acceptance and satisfaction. Medicare beneficiaries residing in Billings, Montana; Louisville, Kentucky; Philadelphia, Pennsylvania; Indianapolis, Indiana; and New York City, New York were enrolled in the project.

**Status:** The site began enrollment in 2001 and enrolled a total of 284 patients. The evaluation of the findings from the project are pending. ■

institutionalized individuals in State Medicaid Programs; estimate the frequency and costs to the Federal and State Governments of the use of annuities in making people eligible for the Medicaid Program; and assist in the development of Federal policy options related to the use of annuities that will support State attempts to preserve the financial viability of their Medicaid Programs.

**Status:** This project is completed. The contractor has submitted a final report on the project. We expect that the report will be available on the CMS website early in July 2005. ■

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**Community-based Pharmacists as Counselors on Medication Management for Hispanic Elderly Medicare-Medicaid Consumers**

<b>Project No:</b>	18-P-93131/2-01
<b>Project Officer:</b>	Sunil Sinha
<b>Period:</b>	July 2005 to June 2006
<b>Funding:</b>	\$446,400
<b>Principal Investigator:</b>	Rossana Lopez-Leon
<b>Award:</b>	Grant
<b>Awardee:</b>	Puerto Rico, Department of Health and Human Services, Office of Ombudsman for Persons with Disabilities Caribbean Office Plaza #670 Miramar, PO Box 4130 San Juan, PR 00940-1309

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**Collection and Analysis of Information and Analysis of State and Federal Policies Concerning the Use of Annuities to Shelter Assets in State Medicaid Programs**

<b>Project No:</b>	500-00-0053/02
<b>Project Officer:</b>	Roy Trudel
<b>Period:</b>	September 2003 to January 2005
<b>Funding:</b>	\$317,984
<b>Principal Investigator:</b>	Robert Levy
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	C.N.A. Corporation 4825 Mark Center Drive Alexandria, VA 22311-1850

**Description:** The purpose of this contract is to provide funding for a project that will: identify and document instances of the use of annuities as a means to shelter assets for Medicaid eligibility and provide increased income and assets to community spouses of

**Description:** The objective of the project is to train pharmacists to counsel 300-450 elderly Medicare-Medicaid consumers in at least 30 community-based pharmacies so that these elderly consumers will have basic consumer knowledge and skills on home-based medication management to enhance treatment compliance and prevent medication error.

**Status:** The project is in process. ■

## Community-Integrated Personal Assistance Services and Supports

**Project No:** 18-P-91613/01  
**Project Officer:** Cathy Cope  
**Period:** September 2001 to September 2004  
**Funding:** \$900,000  
**Principal Investigator:** Colleen Ives  
**Award:** Grant  
**Awardee:** Granite State Independent Living  
 PO Box 7268  
 Concord, NH 03302-7268

**Description:** The Community-Integrated Personal Assistance Services and Supports Grants are a part of the Real Choice Systems Change Grants for Community Living. Personal assistance is the most frequently used service that enables people with a disability or long-term illness to live in the community. Many states have taken a leadership role in designing systems that not only offer the basic personal assistance service but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These particular projects will assist states to improve personal assistance services that are consumer-directed or offer maximum individual control.

**Status:** This project is in its fourth year of funding. It is operating under a no-cost extension and is progressing with all activities. ■

## Community-Integrated Personal Assistance Services and Supports

**Project No:** 18-P-91634/05  
**Project Officer:** Cathy Cope  
**Period:** September 2001 to September 2004  
**Funding:** \$755,972  
**Principal Investigator:** Brenda Fink  
**Award:** Grant  
**Awardee:** Michigan, Department of Community Health  
 320 South Walnut, PO Box 30479  
 Lansing, MI 48909

**Description:** The Community-Integrated Personal Assistance Services and Supports Grants are a part of the Real Choice Systems Change Grants for Community Living. Personal assistance is the most frequently used service that enables people with a disability or long-term illness to live in the community. Many states have taken

leadership roles in designing systems that not only offer the basic personal assistance service but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These particular projects will assist states to improve personal assistance services that are consumer-directed or offer maximum individual control.

**Status:** This project is in its fourth year of funding. It is operating under a no-cost extension and is progressing with all activities. ■

## Community-Integrated Personal Assistance Services and Supports

**Project No:** 18-P-91657/08  
**Project Officer:** Cathy Cope  
**Period:** September 2001 to September 2004  
**Funding:** \$850,000  
**Principal Investigator:** Karen Antonick  
**Award:** Grant  
**Awardee:** Montana Department of Public Health and Human Services  
 PO Box 4210  
 Helena, MT 59604-4210

**Description:** The Community-Integrated Personal Assistance Services and Supports Grants are a part of the Real Choice Systems Change Grants for Community Living. Personal assistance is the most frequently used service that enables people with a disability or long-term illness to live in the community. Many states have taken leadership roles in designing systems that not only offer the basic personal assistance service but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These particular projects will assist states to improve personal assistance services that are consumer-directed or offer maximum individual control.

**Status:** This project is in its fourth year of funding. It is operating under a no-cost extension and is progressing with all activities. ■

## Community-Integrated Personal Assistance Services and Supports

**Project No:** 18-P-91567/06  
**Project Officer:** Cathy Cope  
**Period:** September 2001 to September 2004  
**Funding:** \$900,000  
**Principal Investigator:** Larry Ward  
**Award:** Grant  
**Awardee:** Arkansas, Department of Health and Human Services  
 Division of Medical Services  
 UR PO Box 1437  
 Little Rock, AR 72203-1437

**Description:** The Community-Integrated Personal Assistance Services and Supports Grants are a part of the Real Choice Systems Change Grants for Community Living. Personal assistance is the most frequently used service that enables people with a disability or long-term illness to live in the community. Many States have taken leadership roles in designing systems that not only offer the basic personal assistance service but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These particular projects will assist states to improve personal assistance services that are consumer-directed or offer maximum individual control.

**Status:** This project is in its fourth year of funding. It is operating under a no-cost extension and is progressing with all activities. ■

## Community-Integrated Personal Assistance Services and Supports

**Project No:** 18-P-91647/00  
**Project Officer:** Ronald Hendlar  
**Period:** September 2001 to September 2004  
**Funding:** \$300,000  
**Principal Investigator:** Rosanne Ada  
**Award:** Grant  
**Awardee:** Guam, Department of Integrated Services for Individuals with Disabilities  
 396 Chalan Kanton Ladera  
 Talofof, GU 96915

**Description:** The Community-Integrated Personal Assistance Services and Supports Grants are a part of the Real Choice Systems Change Grants for Community

Living. Personal assistance is the most frequently used service that enables people with a disability or long-term illness to live in the community. Many States have taken leadership roles in designing systems that not only offer the basic personal assistance service but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These particular projects will assist States to improve personal assistance services that are consumer-directed or offer maximum individual control.

**Status:** This grant is in the 4th year with an approved no-cost extension. The 4th year budget is \$187,387. The grantee needs to complete work on implementing the individualized budget program. ■

## Community-Integrated Personal Assistance Services and Supports

**Project No:** 18-P-91570/09  
**Project Officer:** Ronald Hendlar  
**Period:** September 2001 to September 2004  
**Funding:** \$655,988  
**Principal Investigator:** Todd Butterworth  
**Award:** Grant  
**Awardee:** Nevada, Department of Employment, Training and Rehabilitation  
 711 South Stewart St  
 Carson City, NV 89701

**Description:** The Community-Integrated Personal Assistance Services and Supports Grants are a part of the Real Choice Systems Change Grants for Community Living. Personal assistance is the most frequently used service that enables people with a disability or long-term illness to live in the community. Many States have taken leadership roles in designing systems that not only offer the basic personal assistance service but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These particular projects will assist States to improve personal assistance services that are consumer-directed or offer maximum individual control.

**Status:** The Grant is in an approved one-year no-cost extension. As of September 30, 2004 there remains \$112,773 available for drawdown. 4th year goals: Complete Web-based training module, create a housing registry, and complete the On-line disability Resource Information tool. ■

## Community-Integrated Personal Assistance Services and Supports

**Project No:** 18-P-91662/00  
**Project Officer:** Gregg Ukaegbu  
**Period:** September 2001 to September 2004  
**Funding:** \$900,000  
**Principal Investigator:** Susan Cook  
**Award:** Grant  
**Awardee:** Alaska, Department of Administration  
 3601 C Street, Suite 310  
 Anchorage, AK 99503

**Description:** The Community-Integrated Personal Assistance Services and Supports Grants are a part of the Real Choice Systems Change Grants for Community Living. Personal assistance is the most frequently used service that enables people with a disability or long-term illness to live in the community. Many States have taken leadership roles in designing systems that not only offer the basic personal assistance service, but also make that service available in a manner that affords consumers maximum control over the selection of individuals working on their behalf and the manner in which services are provided. These particular projects will assist states to improve personal assistance services that are consumer-directed or offer maximum individual control.

**Status:** This grant is in its third year of funding. ■

## Comprehensive Adolescent and Young Adult Health Program to Demonstrate Means of Improving Health Care and Preventive Services for Underserved Inner City Teenagers and Young Adults.

**Project No:** 18-P-93065/2-01  
**Project Officer:** Carl Taylor  
**Period:** July 2005 to June 2006  
**Funding:** \$446,400  
**Principal Investigator:** Magdy Mikhail  
**Award:** Grant  
**Awardee:** Bronx-Lebanon Hospital Center  
 1650 Grand Concourse # 6  
 Bronx, NY 10457

**Description:** The grantee plans to: 1) expand and enhance health services by providing additional services at two (2) of their community-based health clinics; 2) provide multi-disciplinary, culturally competent programs that include educational and skills development

workshops, support groups, individuals/couples/families/group counseling sessions and case management; and 3) provide seamless, integrated comprehensive health care through a Bronx-Lebanon Hospital Center network-wide electronic medical records information system.

**Status:** This project is continuing and the end date is June 30, 2006. ■

## Comprehensive HIV/AIDS Treatment

**Project No:** 18-P-93110/6-01  
**Project Officer:** Joseph Razes  
**Period:** June 2005 to December 2006  
**Funding:** \$337,280  
**Principal Investigator:** George Smith  
**Award:** Grant  
**Awardee:** Donald R. Watkins Memorial Foundation  
 4900 Fannin Street  
 Houston, TX 77004

**Description:** The objective of this project is to provide HIV-positive patients in Harris County with state of the art outpatient healthcare services; “on-call” HIV emergency care 24 hours a day, seven days per week; and comprehensive, holistic healthcare that addresses all of their HIV-related health concerns, including a variety of support services to be accessed with primary medical care.

**Status:** The project is underway. ■

## Comprehensive Model of Practical and Emotional Support Service, A

**Project No:** 18-P-91860/09-01  
**Project Officer:** Margherita Sciulli  
**Period:** September 2003 to September 2004  
**Funding:** \$322,888  
**Principal Investigator:** Hywel Sims  
**Award:** Grant  
**Awardee:** The Breast Cancer Fund  
 2107 O'Farrell Street  
 San Francisco, CA 94115

**Description:** The Breast Cancer Fund (TBCF) and Shanti, a San Francisco-based non-profit organization, have joined together with a consortium of breast cancer

and HIV/AIDS service providers to create Lifelines. The goal of this program is

to increase the quality of life for under-served females living with breast cancer, by addressing barriers that impact their ability to access care and treatment. The goal of this grant is to increase capacity to reach additional females in the Bay Area, where breast cancer rates are significantly higher than the rest of the country. The additional resources will enable Lifelines to expand into a national model that raises the standard of health care for poor and uninsured females with breast cancer nationwide, building on the service delivery systems that are already in place in each community.

**Status:** The budget period of the project is scheduled for September 1, 2003 to August 31, 2004, with a financial status report due to CMS no later than 90 days after the end of the budget period. A written progress report is due to CMS no later than 30 days after the end of the budget period. The CMS project officer spoke with the grantee regarding financial issues and referred him to the CMS grants officer for any questions regarding funding.

A 3-month no-cost extension was granted with an expiration date of December 29, 2004. A draft progress report was submitted on January 25, 2005 for review. Comments on the report were sent on January 28, 2005. A final report is being prepared. ■

#### **Consumer Directed Durable Medical Equipment Demonstration Project - Maine**

<b>Project No:</b>	95-C-90917/01
<b>Project Officer:</b>	Michael Henesch
<b>Period:</b>	September 2000 to December 2005
<b>Funding:</b>	\$150,000
<b>Principal Investigator:</b>	Kathryn Goodwin
<b>Award:</b>	Cooperative Agreement
<b>Awardee:</b>	Alpha One Center for Independent Living 127 Main Street South Portland, ME 04106

**Description:** This demonstration supports the U.S. Department of Education's Center for Independent Living projects. A Center for Independent Living is a local consumer-led organization devoted to helping people with disabilities live and work within their communities. This CMS demonstration helps Medicare beneficiaries with disabilities exercise greater choice and control in meeting their personal needs for wheelchairs and other durable medical equipment (DME). Goals of the projects

include treating individuals with disabilities with dignity, providing the necessary tools to live and work more independently, and assisting people with disabilities to be successfully employed. CMS and the Department of Education will share any innovations and best practices identified under the demonstration project.

The demonstration utilizes prior authorization as an added benefit. A beneficiary may spend up to the approved authorized payment level to purchase a wheelchair of his/her choice and to negotiate a price with the vendor. Once payment is authorized, a credit account is maintained with funds that the beneficiary may draw upon to acquire the selected wheelchair, with any unspent balance available for additional features, maintenance, or for other wheelchair-related needs.

**Status:** Since the inception of the demonstration, five prescriptions have been filled. None of the claims have resulted in a savings account for the consumer. The negotiation aspect of the demonstration has met resistance from vendors. They indicate that profit margins are small and find that after spending time with the consumer he will deal elsewhere. The most significant incentive for vendors to participate appears to be the prior authorization benefit. In some States, there has been a coordination issue with Medicaid. Even though Medicaid is the secondary payer, it requires a prior authorization process that ties the consumer to the vendor who submits the paperwork. Thus, after receiving prior authorization from Medicaid, the consumer cannot negotiate with other vendors to find the best price for the equipment. This negated some key aspects of the demonstration for dual eligible consumers in certain States. We have modified the original design to eliminate the firewall provision. This acted as a barrier between the CIL and the consumer. Sites felt that the fact that the consumer was provided with prior approval amounts directly by mail was beneficial. However, the sites felt that the CILs should be copied with the prior authorization letter. It was believed that this would facilitate follow-up, continued opportunity to collaborate, and allow them to better act as an advocate for the consumer. ■

## Consumer Directed Durable Medical Equipment Demonstration Project - Massachusetts

**Project No:** 95-C-90921/01  
**Project Officer:** Michael Henesch  
**Period:** September 2000 to December 2005  
**Funding:** \$150,000  
**Principal Investigator:** Robert Bailey  
**Award:** Cooperative Agreement  
**Awardee:** Center for Living and Working  
 484 Main Street, Suite 345  
 Worcester, MA 01668

**Description:** This demonstration supports the U.S. Department of Education's Center for Independent Living projects. A Center for Independent Living is a local consumer-led organization devoted to helping people with disabilities live and work within their communities. This CMS demonstration helps Medicare beneficiaries with disabilities exercise greater choice and control in meeting their personal needs for wheelchairs and other durable medical equipment (DME). Goals of the projects include treating individuals with disabilities with dignity, providing the necessary tools to live and work more independently, and assisting people with disabilities to be successfully employed. CMS and the Department of Education will share any innovations and best practices identified under the demonstration project.

The demonstration utilizes prior authorization as an added benefit. A beneficiary may spend up to the approved authorized payment level to purchase a wheelchair of his/her choice and to negotiate a price with the vendor. Once payment is authorized, a credit account is maintained with funds that the beneficiary may draw upon to acquire the selected wheelchair, with any unspent balance available for additional features, maintenance or for other wheelchair-related needs.

**Status:** Since the inception of the demonstration, five prescriptions have been filled. None of the claims have resulted in a savings account for the consumer. The negotiation aspect of the demonstration has met resistance from vendors. They indicate that profit margins are small and find that after spending time with the consumer he will deal elsewhere. The most significant incentive for vendors to participate appears to be the prior authorization benefit. In some States, there has been a coordination issue with Medicaid. Even though Medicaid is the secondary payer, it requires a prior authorization process that ties the consumer to the vendor who submits the paperwork. Thus, after receiving prior authorization from Medicaid, the consumer cannot negotiate with

other vendors to find the best price for the equipment. This negated some key aspects of the demonstration for dual eligible consumers in certain States. We have modified the original design to eliminate the firewall provision. This acted as a barrier between the CIL and the consumer. Sites felt that the fact that the consumer was provided with prior approval amounts directly by mail was beneficial. However, the sites felt that the CILs should be copied with the prior authorization letter. It was believed that this would facilitate follow-up, continued opportunity to collaborate, and allow them to better act as an advocate for the consumer. ■

## Consumer Directed Durable Medical Equipment Demonstration Project - Oklahoma

**Project No:** 95-C-90922/06  
**Project Officer:** Michael Henesch  
**Period:** September 2000 to December 2005  
**Funding:** \$150,000  
**Principal Investigator:** Carla Lawson  
**Award:** Cooperative Agreement  
**Awardee:** Ability Resources Inc.  
 823 S. Detroit, Suite 110  
 Tulsa, OK 74120

**Description:** This demonstration supports the U.S. Department of Education's Center for Independent Living projects. A Center for Independent Living (CIL) is a local consumer-led organization devoted to helping people with disabilities live and work within their communities. This CMS demonstration helps Medicare beneficiaries with disabilities exercise greater choice and control in meeting their personal needs for wheelchairs and other durable medical equipment (DME). Goals of the projects include treating individuals with disabilities with dignity, providing the necessary tools to live and work more independently, and assisting people with disabilities to be successfully employed. CMS and the Department of Education will share any innovations and best practices identified under the demonstration project.

The demonstration utilizes prior authorization as an added benefit. A beneficiary may spend up to the approved authorized payment level to purchase a wheelchair of his/her choice and to negotiate a price with the vendor. Once payment is authorized, a credit account is maintained with funds that the beneficiary may draw upon to acquire the selected wheelchair, with any unspent balance available for additional features, maintenance or for other wheelchair-related needs.

**Status:** Since the inception of the demonstration, the number of prescriptions that have been filled is low. None of the claims have resulted in a savings account for the consumer. Abt Associate, Inc. prepared an interim evaluation that found that the negotiation aspect of the demonstration has met resistance from vendors. Vendors indicate that profit margins are small and find that after spending time with the consumer he will then deal elsewhere. The most significant incentive for vendors to participate appears to be the prior authorization benefit. In some States, there has been a coordination issue with Medicaid. Even though Medicaid is the secondary payer, it requires a prior authorization process that ties the consumer to the vendor who submits the paperwork. Thus, after receiving prior authorization from Medicaid, the consumer cannot negotiate with other vendors to find the best price for the equipment. This negated some key aspects of the demonstration for dual eligible consumers in certain States. We have modified the original design to eliminate the firewall provision. This acted as a barrier between the CIL and the consumer. Sites felt that the fact that the consumer was provided with prior approval amounts directly by mail was beneficial. However, the sites felt that the CILs should be copied with the prior authorization letter. It was believed that this would facilitate follow-up, continued opportunity to collaborate, and allow them to better act as an advocate for the consumer. The evaluation did find that educating beneficiaries has been a very positive aspect of the demonstration. This has been accomplished by developing educational materials about choices in wheelchairs and accessories and by assisting in a thorough seating evaluation that the consumer believes has helped him obtain the best chair for him. Another reported benefit has been the consumer feeling more fully involved in the purchasing process. ■

### Consumer Directed Durable Medical Equipment Demonstration Project - Pennsylvania

**Project No:** 95-C-90916/03  
**Project Officer:** Michael Henesch  
**Period:** September 2000 to December 2005  
**Funding:** \$150,000  
**Principal Investigator:** Amy VanDyke  
**Award:** Cooperative Agreement  
**Awardee:** Center for Independent Living of Southwest Pennsylvania  
 7110 Penn Avenue  
 Pittsburgh, PA 15208-2434

**Description:** This demonstration supports the U.S. Department of Education's Center for Independent Living

projects. A Center for Independent Living is a local consumer-led organization devoted to helping people with disabilities live and work within their communities. This CMS demonstration helps Medicare beneficiaries with disabilities exercise greater choice and control in meeting their personal needs for wheelchairs and other durable medical equipment (DME). Goals of the projects include treating individuals with disabilities with dignity, providing the necessary tools to live and work more independently, and assisting people with disabilities to be successfully employed. CMS and the Department of Education will share any innovations and best practices identified under the demonstration project.

The demonstration utilizes prior authorization as an added benefit. A beneficiary may spend up to the approved authorized payment level to purchase a wheelchair of his/her choice and to negotiate a price with the vendor. Once payment is authorized, a credit account is maintained with funds that the beneficiary may draw upon to acquire the selected wheelchair, with any unspent balance available for additional features, maintenance or for other wheelchair related needs.

**Status:** Since the inception of the demonstration, five prescriptions have been filled. None of the claims have resulted in a savings account for the consumer. The negotiation aspect of the demonstration has met resistance from vendors. They indicate that profit margins are small and find that after spending time with the consumer he will deal elsewhere. The most significant incentive for vendors to participate appears to be the prior authorization benefit. In some States, there has been a coordination issue with Medicaid. Even though Medicaid is the secondary payer, it requires a prior authorization process that ties the consumer to the vendor who submits the paperwork. Thus, after receiving prior authorization from Medicaid, the consumer cannot negotiate with other vendors to find the best price for the equipment. This negated some key aspects of the demonstration for dual eligible consumers in certain States. We have modified the original design to eliminate the firewall provision. This acted as a barrier between the CIL and the consumer. Sites felt that the fact that the consumer was provided with prior approval amounts directly by mail was beneficial. However, the sites felt that the CILs should be copied with the prior authorization letter. It was believed that this would facilitate follow-up, continued opportunity to collaborate, and allow them to better act as an advocate for the consumer. ■

## Consumer-Directed Chronic Outpatient Services Demonstration

<b>Project No:</b>	ORDI-05-0007
<b>Project Officer:</b>	Claudia Lamm
<b>Period:</b>	Pauline Lapin January 2005 to January 2009
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	
<b>Award:</b>	Waiver-Only Project
<b>Awardee:</b>	Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244-1850

**Description:** This demonstration will evaluate methods to improve the quality of care provided to Medicare beneficiaries with chronic conditions and that reduce Medicare expenditures, including methods to permit Medicare beneficiaries to direct their own health care needs and services. Prior to initiation of these demonstrations, the Secretary is required to evaluate best practices used by group health plans, State Medicaid Programs, the private sector or other areas for methods that allow patients to self-direct the provision of personal care services. The Secretary is required to initiate these demonstrations not later than two years after enactment, and Reports to Congress are required beginning two years after projects begin. The Secretary is required to evaluate clinical and cost-effectiveness of the demonstrations. The Centers for Medicare and Medicaid Services (CMS) and the Assistant Secretary for Planning and Evaluation (ASPE) are jointly designing this demonstration.

**Status:** CMS and its co-sponsoring organization, ASPE, have been conducting ongoing meetings with the demonstration design contractors, Medstat and Abt Associates. The contractors have delivered a best practices report and a technical advisory group has been identified and met on April 5, 2005. The TAG made recommendations to our contractors on the demonstration's target population and site selection. Internal meetings continue to be held to discuss demonstration design options. ■

## Convert CMS Research Results to Consistent Standardized Architecture to Support Web-Based Dissemination

<b>Project No:</b>	500-00-0059/04
<b>Project Officer:</b>	James Beyer
<b>Period:</b>	September 2002 to September 2005
<b>Funding:</b>	\$50,839
<b>Principal Investigator:</b>	
<b>Award:</b>	Task Order (ADP Support)
<b>Awardee:</b>	Kenitra Smith IQ Solutions, Inc. 11300 Rockville Pike, Suite 801 Rockville, MD 20852

**Description:** This project provides review, assessment, and planning activities that

support CMS in building a web-based capacity to disseminate the findings of our research and information. Some preparatory work which makes this possible has already been done for some of our products, e.g., the Health Care Financing Review, and moving the database on research and demonstration projects to a web-based application. The awardee researched the validity of the tables that are included in our Statistical Supplement publication and gave us a report on what part of the publication should be disseminated.

**Status:** The project has been completed. ■

## Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Arizona

<b>Project No:</b>	95-C-91318/09
<b>Project Officer:</b>	Ronald Lambert
<b>Period:</b>	August 2002 to July 2008
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	
<b>Award:</b>	Cooperative Agreement
<b>Awardee:</b>	Beth Hale Hospice of the Valley 3238 North 16th Street Phoenix, AZ 85016

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide

case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** Hospice of the Valley is offering an urban case management program to Medicare beneficiaries in Maricopa County, Arizona, with significant chronic illness. Targeting beneficiaries with various chronic conditions, the program focuses on providing and coordinating chronic and palliative care. The site began enrolling beneficiaries and providing coordinated care services in August 2002. The waivers have been extended through July 31, 2008. ■

#### **Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Baltimore, Maryland**

<b>Project No:</b>	95-C-91348/03
<b>Project Officer:</b>	Ronald Lambert
<b>Period:</b>	April 2002 to March 2006
<b>Funding:</b>	\$45,100
<b>Principal Investigator:</b>	Anne Wallace
<b>Award:</b>	Cooperative Agreement
<b>Awardee:</b>	Erickson Retirement Communities, Inc. 701 Maiden Choice Lane Baltimore, MD 21228

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part

A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** Erickson Retirement Communities, Incorporated, has implemented an urban case management program targeting beneficiaries with congestive heart failure, chronic obstructive pulmonary disease, coronary artery disease, hypertension, or diabetes living at Charlestown and Oak Crest Village Retirement Communities located in Baltimore County, Maryland, and at Riderwood Village in Silver Spring, Maryland. The site began enrolling beneficiaries and providing coordinated care services in April 2002. The project ended in March, 2006. ■

#### **Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Florida**

<b>Project No:</b>	95-C-91325/03
<b>Project Officer:</b>	Ronald Lambert
<b>Period:</b>	September 2002 to August 2006
<b>Funding:</b>	\$63,000
<b>Principal Investigator:</b>	Jan Trezfer
<b>Award:</b>	Cooperative Agreement
<b>Awardee:</b>	Quality Oncology, Inc. 1430 Spring Hill Road, Suite 106 McLean, VA 22124

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** Quality Oncology, Incorporated, of McLean, Virginia, has implemented an urban disease management program focusing on beneficiaries with cancer in Broward County, Florida and the surrounding areas. The site began enrolling beneficiaries and providing

coordinated care services in September 2002. The project will end in August 2006. ■

### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Houston, Texas

**Project No:** 95-C-91351/05  
**Project Officer:** John Pilote  
**Period:** June 2002 to May 2008  
**Funding:** \$82,350  
**Principal Investigator:** Ken Yale  
**Award:** Cooperative Agreement  
**Awardee:** CorSolutions Medical, Inc.  
 9500 W. Bryn Mawr Avenue  
 Rosemont, IL 60018

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** The disease management program targets beneficiaries in the Greater Houston, Texas Metropolitan Area with high-risk congestive heart failure. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Iowa

**Project No:** 95-C-91340/07  
**Project Officer:** Siddhartha Mazumdar  
**Period:** April 2002 to March 2008  
**Funding:** \$50,000  
**Principal Investigator:** Nancy Halford  
**Award:** Cooperative Agreement  
**Awardee:** Mercy Medical Center - North Iowa  
 1000 N. Fourth Street, NW  
 Mason City, IA 50401

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** Mercy Medical Center of Mason City, Iowa, has implemented a rural case management program targeting beneficiaries in northern Iowa with various chronic conditions. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Mahomet, Illinois

**Project No:** 95-C-91315/05  
**Project Officer:** Dennis Nugent  
**Period:** April 2002 to March 2008  
**Funding:** \$149,943  
**Principal Investigator:** Cheryl Schraeder  
**Award:** Cooperative Agreement

**Awardee:** Carle Foundation Hospital  
307 East Oak #3, PO Box 718  
Mahomet, IL 61853

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** The Carle Foundation Hospital of Mahomet, Illinois, has implemented a rural case management program targeting beneficiaries with various chronic conditions in eastern Illinois. The site began enrolling beneficiaries and providing coordinated care services in April 2002. Carle's participation in the Medicare Coordinated Care Demonstration was extended for 2 years through March 2008. ■

Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** Medical Care Development of Augusta, Maine, has implemented a rural disease management program targeting beneficiaries in Maine with congestive heart failure or post-acute myocardial infarction. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

#### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - McLean, Virginia

<b>Project No:</b>	HCFA-00-1223
<b>Project Officer:</b>	Cynthia Mason
<b>Period:</b>	September 2000 to March 2005
<b>Funding:</b>	\$1,768,000
<b>Principal Investigator:</b>	Bradley Smith Denise Marshall
<b>Award:</b>	GSA Order
<b>Awardee:</b>	Bearing Point 1676 International Drive McLean, VA 22102-4828

#### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Maine

<b>Project No:</b>	95-C-91314/01
<b>Project Officer:</b>	Siddhartha Mazumdar
<b>Period:</b>	April 2002 to March 2008
<b>Funding:</b>	\$138,720
<b>Principal Investigator:</b>	John LaCasse
<b>Award:</b>	Cooperative Agreement
<b>Awardee:</b>	Medical Care Development 11 Parkwood Drive Augusta, ME 04330

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare

Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** The project sites began implementing the project in April 2002. By September 2002, all 15 sites had initiated enrollment. The first Report to Congress was released in the Spring of 2005. ■

### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Missouri

**Project No:** 95-C-91345/01  
**Project Officer:** Ronald Lambert  
**Period:** August 2002 to July 2008  
**Funding:** \$150,000  
**Principal Investigator:** John Lynch  
**Award:** Cooperative Agreement  
**Awardee:** Washington University Physician Network  
 660 South Euclid Avenue, Campus Box 8066  
 St. Louis, MO 63110

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** Washington University of St. Louis, Missouri, with American Healthways of Nashville, Tennessee, has implemented an urban case management program targeting beneficiaries in St. Louis with various chronic conditions. The site began enrolling beneficiaries and providing coordinated care services in August 2002. The waivers have been extended through July 2008. ■

### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - New York, New York

**Project No:** 95-C-91357/02  
**Project Officer:** Dennis Nugent  
**Period:** June 2002 to May 2008  
**Funding:** \$150,000  
**Principal Investigator:** Nancy Mintz  
**Award:** Cooperative Agreement  
**Awardee:** The Jewish Home and Hospital for the Aged  
 120 West 106th Street  
 New York, NY 10025

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** The Jewish Home and Hospital for the Aged has implemented an urban case management program targeting beneficiaries with various chronic conditions in New York City. The site began enrolling beneficiaries and providing coordinated care services in June 2002. The Jewish Home and Hospital's participation in the Medicare Coordinated Care Demonstration was extended for 2 years through May 2008. ■

### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Northern California

**Project No:** 95-C-91352/02  
**Project Officer:** John Pilotte  
**Period:** July 2002 to June 2008  
**Funding:** \$150,000  
**Principal Investigator:** Michael Cox  
**Award:** Cooperative Agreement  
**Awardee:** QMED  
25 Christopher Way  
Eatontown, NJ 07724

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** QMED, Inc., Eatontown, New Jersey, has implemented an urban disease management program targeting beneficiaries in northern California with coronary artery disease. The site began enrolling beneficiaries and providing coordinated care services in July 2002. ■

### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Pennsylvania

**Project No:** 95-C-91360/03  
**Project Officer:** Cynthia Mason  
**Period:** April 2002 to March 2008  
**Funding:** \$0  
**Principal Investigator:** Kenneth Coburn  
**Award:** Cooperative Agreement

### Awardee:

Health Quality Partners  
875 N. Easton Road  
Doylestown, PA 18901

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** Health Quality Partners of Doylestown, Pennsylvania, has implemented an urban and rural disease management program targeting beneficiaries in eastern Pennsylvania with various chronic conditions. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Richmond, Virginia

**Project No:** 95-C-91319/03  
**Project Officer:** Cynthia Mason  
**Period:** April 2002 to March 2008  
**Funding:** \$75,448  
**Principal Investigator:** Michael Matthews  
**Award:** Cooperative Agreement  
**Awardee:** CenVaNet  
2201 W. Broad Street, Suite 202  
Richmond, VA 23220

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide

case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** CenVaNet, Incorporated of Richmond, Virginia, has implemented an urban case management program targeting beneficiaries with various chronic conditions in the metropolitan Richmond area. The site began enrolling beneficiaries and providing coordinated care services in April 2002. ■

#### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - South Dakota

**Project No:** 95-C-91362/08  
**Project Officer:** Siddhartha Mazumdar  
**Period:** June 2002 to May 2008  
**Funding:** \$0  
**Principal Investigator:** David Kuper  
**Award:** Cooperative Agreement  
**Awardee:** Avera McKennan Hospital  
 800 East 21st St  
 Sioux Falls, SD 57105

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** Avera McKennan Hospital of Sioux Falls, South Dakota, has implemented a rural disease management

program targeting beneficiaries in South Dakota, Iowa, and Minnesota. The site began enrolling beneficiaries and providing coordinated care services in June 2002. ■

#### Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - University of Maryland

**Project No:** 95-C-91349/03  
**Project Officer:** Dennis Nugent  
**Period:** June 2002 to June 2006  
**Funding:** \$0  
**Principal Investigator:** Stephen Gottlieb  
**Award:** Cooperative Agreement  
**Awardee:** University of Maryland, School of Medicine  
 22 South Greene Street  
 Baltimore, MD 21201-1595

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** The University of Maryland School of Medicine has implemented an urban disease management program targeting beneficiaries with congestive heart failure in Baltimore, Maryland. The site began enrolling beneficiaries and providing coordinated care services in June 2002. The University of Maryland's participation in the Medicare Coordinated Care Demonstration is scheduled to end on June 30, 2006. ■

**Coordinated Care to Improve Quality of Care for Chronically Ill Medicare Beneficiaries - Washington, DC**

**Project No:** 95-C-91367/03  
**Project Officer:** John Pilotte  
**Period:** June 2002 to December 2005  
**Funding:** \$0  
**Principal Investigator:** James Welsh  
**Award:** Cooperative Agreement  
**Awardee:** Georgetown University  
 1707 L Street, NW, Suite 900  
 Washington, DC 20036

**Description:** This demonstration tests whether coordinated care programs can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population but account for a major proportion of Medicare expenditures. It is one of 15 sites selected as a part of the Medicare Coordinated Care Demonstration project to provide case management and disease management services to Medicare FFS beneficiaries with complex chronic conditions. This project will allow CMS to test a wide range of programs aimed at reducing costs and increasing quality of care for chronically ill Medicare FFS beneficiaries. The Balanced Budget Act of 1997 requires that the projects focus on chronically ill Medicare FFS beneficiaries who are eligible for both Medicare Part A and Part B and requires that the projects' payment methodology be budget neutral.

**Status:** Georgetown University Medical Center - Washington, DC, implemented a program providing disease management services for Medicare FFS beneficiaries with congestive heart failure residing in the District of Columbia and suburban Maryland. The site ended operations in 2005. ■

**Cost Effectiveness Model of Disease Modifying Therapies for the Treatment of Multiple Sclerosis (MS), A**

**Project No:** CMS-IA-05-28A-1  
**Project Officer:** Penny Mohr  
**Period:** October 2004 to October 2006  
**Funding:** \$95,693  
**Principal Investigator:** Paul Tappenden , Ph.D.  
**Award:** Intra-agency Agreement

**Awardee:**

Sheffield University School of Health and Related Research  
 Regent Court 30, Regent Street  
 Sheffield, UK S1 4DA

**Description:** The purpose of this task order is to examine the incremental cost-effectiveness of self-administered medications (Copaxone, Betaseron, Rebif) relative to Avonex or best supportive care for the treatment of Multiple Sclerosis (MS) among Medicare beneficiaries. The self-administered medications listed are covered under a Medicare demonstration program mandated by Section 641 of the Medicare Prescription Drug Improvement and Modernization Act (MMA). Avonex is currently covered under Medicare Part B. An analysis of the cost-effectiveness of the demonstration project that extends coverage to these therapies is required under the MMA.

**Status:** A draft report has been submitted and is currently under review. Once finalized, this study will be available for a modest fee through the National Technical Information Service <http://www.ntis.gov/>. ■

**Cost Effectiveness of Etanercept, Adalimumab and Anakinra in Comparison to Infliximab in the Treatment of Patients with Rheumatoid Arthritis in the Medicare Program, The**

**Project No:** CMS-IA-05-28A-2  
**Project Officer:** Penny Mohr  
**Period:** October 2004 to October 2006  
**Funding:** \$99,592  
**Principal Investigator:** Allan Wailoo, Ph.D  
**Award:** Intra-agency Agreement  
**Awardee:** Sheffield University School of Health and Related Research  
 Regent Court 30, Regent Street  
 Sheffield, UK S1 4DA

**Description:** This study examines the incremental cost-effectiveness of the self-administered immuno-modulating drugs etanercept, adalimumab, and anakinra, which are covered under a Medicare demonstration program mandated by Section 641 of the Medicare Prescription Drug Improvement and Modernization Act – relative to that of physician-administered infliximab, which is currently covered under Medicare Part B. An analysis of the cost-effectiveness of the demonstration project that extends coverage to these therapies is required under the Prescription Drug Improvement and Medicare Modernization Act.

**Status:** A draft report has been submitted and is currently under review. Once finalized, this study will be available for a modest fee through the National Technical Information Service <http://www.ntis.gov/>. ■

### Cost-effectiveness of Daily versus Conventional Hemodialysis for the Medicare Population, The

**Project No:** ORDI-05-0009  
**Project Officer:** Penny Mohr  
**Period:** December 2003 to June 2010  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Intramural  
**Awardee:** Centers for Medicare & Medicaid Services  
 7500 Security Boulevard  
 Baltimore, MD 21244-1850

**Description:** CMS is jointly sponsoring two clinical trials with the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) on daily hemodialysis. The purpose of these trials is to understand the clinical, quality of life, and economic effects of more frequent hemodialysis. The two trials compare conventional hemodialysis to two different forms of daily hemodialysis: short, in-center hemodialysis performed six times weekly and nocturnal hemodialysis – where a patient dialyzes at night at home while they sleep. A representative from ORDI assisting in the development of cost data collection design, collection, and analysis. Results from the cost study may be used to inform how Medicare might pay for more frequent hemodialysis if the technique proves to have significant health benefits for Medicare beneficiaries.

**Status:** The research protocol has been completed, which includes a plan for analyzing the cost-effectiveness of more frequent hemodialysis to the Medicare Program. Randomization of study subjects began in June 2006. Study results are expected to be available by June 2010. More information on the trials can be found at: <http://www.niddk.nih.gov/patient/hemodialysis/hemodialysis.htm> ■

### Cost-Effectiveness of Early Preventive Care for Children in Medicaid

**Project No:** ORDI-IM-084  
**Project Officer:** Paul Boben  
**Period:** June 2000 to December 2007  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Intramural  
**Awardee:** Centers for Medicare & Medicaid Services  
 7500 Security Boulevard  
 Baltimore, MD 21244-1850

**Description:** This project will feature a cost-benefit analysis of primary and preventive care for children up to age 2. Medicaid claims data from the State Medicaid Research Files data base will be used to compare costs of care for children receiving the recommended battery of well-child visits versus those that do not. The benchmark for standard care will be the American Academy of Pediatrics' (AAP) recommended series of well-baby visits and immunizations. This study follows work by Hakim and Bye (Pediatrics, forthcoming) that showed an association between compliance with the AAP schedule and reduced risk of avoidable hospitalization.

**Status:** The project is underway. ■

### Costs of Antimicrobial Use Errors (CAUSE)

**Project No:** 18-P-93123/5-01  
**Project Officer:** Carl Taylor  
**Period:** July 2005 to June 2006  
**Funding:** \$148,800  
**Principal Investigator:**  
**Award:** Robert Weinstein  
**Awardee:** Grant  
 Cook County, Bureau of Health Services  
 1900 W. Polk St  
 Chicago, IL 60612

**Description:** The objectives of this project are to: develop an innovative computer-assisted two-step retrospective case vignette formation/expert review method for ascertaining inpatient antimicrobial use errors; apply this method to a cohort of inpatients receiving antimicrobials on internal medicine wards of an urban teaching hospital; demonstrate that this method of ascertaining antimicrobial use errors can be performed with an acceptable level of efficiency and reproducibility; measure per-patient hospitalization costs of antimicrobial

recipients, and excess costs associated with antimicrobial use errors.

**Status:** This project is continuing; the end date is June 30, 2006. ■

#### **Creation of New Race-Ethnicity Codes and SES Indicators for Medicare Beneficiaries**

**Project No:** 500-00-0024/21  
**Project Officer:** Barbara Cohen  
**Period:** August 2005 to July 2007  
**Funding:** \$197,318  
**Principal Investigator:** Arthur Bonito  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** This project once again created the improved race-ethnicity codes using the most current 10 segments of the unloaded EDB as well as the geocodes for linking specific SES indicators for Medicare beneficiaries' residential areas. This logical follow-on to the original work re-ran the already developed algorithms to create new race-ethnicity codes and block group FIPS geocodes to link Census SES measures for new enrollees in the EDB since the original work was completed.

The updated file(s) will then be used to populate a data mart with the improved race-ethnicity codes and block group FIPS geocode to link SES measures. This data mart will be used by the regions to better target outreach and educational activities towards beneficiaries. The basic elements of the data mart will include demographic variables (age, race-ethnicity), type of coverage, health status, and SES. The latter element is extremely vital for efforts to enroll beneficiaries into the Low Income Subsidy.

**Status:** The project is underway. ■

#### **Data Assessment and Verification Contractor (DAVE 2), The**

**Project No:** 500-00-0032/15  
**Project Officer:** Judith Tobin  
**Period:** September 2005 to September 2007  
**Funding:** \$4,315,695  
**Principal Investigator:**  
**Award:** Task Order  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** The Data Assessment and Verification Contractor (DAVE 2) supports the Center for Medicare & Medicaid Services (CMS) efforts in providing an ongoing centralized data surveillance process to assess the accuracy and reliability of the data particular to the health care provided by nursing facilities for these services. The findings will produce evidence for further actions at national, regional and State levels in addressing concerns in the areas of program integrity, beneficiary health and safety, and quality improvement.

**Status:** The project is underway. ■

#### **Data Collection for Second Generation S/HMO**

**Project No:** 500-96-0005/02  
**Project Officer:** Thomas Theis  
**Period:** November 1996 to December 2004  
**Funding:** \$8,978,005  
**Principal Investigator:** Lisa Maria Alecxih  
**Award:** Task Order  
**Awardee:** Lewin Group  
 3130 Fairview Park Drive, Suite 800  
 Falls Church, VA 22042

**Description:** This project consolidated the data collection needs of the Second Generation Social Health Maintenance Organization (S/HMO-II) Demonstration. The work was done by Mathematica Policy Research under a subcontract. The project conducted initial and annual follow-up surveys for each beneficiary enrolled in the S/HMO-II demonstration. The information gathered served three primary functions: baseline and follow-up data for the analyses; clinical information to the participating S/HMO-II site for care planning; and data for risk-adjustment and payment. In addition, this project supports two congressionally mandated reports to Congress, a S/HMO Transition Report to Congress, and a Final Report to Congress on the S/HMO II

project. While multiple sites were originally planned for this demonstration, only the Health Plan of Nevada actually implemented a S/HMO II plan. The evaluation was designed to assess the impact of the S/HMO II by comparing it with regular Medicare+Choice sites using measures of utilization, quality of care, and changes in participant health status over time.

**Status:** The Reports to Congress have been prepared. The S/HMO Transition Report was released to Congress in February 2001. The second report to Congress, a Final Report to Congress on the S/HMO II project, was released in February 2003. ■

#### **Data Collection for the Second Generation S/HMO Demonstration**

**Project No:** 500-01-0025/03  
**Project Officer:** Thomas Theis  
**Period:** September 2004 to September 2007  
**Funding:** \$3,224,421  
**Principal Investigator:** Todd Ensor  
**Award:** Task Order (ADDSTO)  
**Awardee:** Mathematica Policy Research, (Princeton)  
600 Alexander Park, PO Box 2393 Princeton, NJ 08543-2393

**Description:** CMS(Formerly HCFA)has been conducting the Social Health Maintenance Organization(S/HMO)Demonstration since 1985. It was implemented in response to section 2355 of Public Law 98-369 (the Deficit Reduction Act of 1984) which authorized the Secretary of DHHS to approve applications and protocols submitted to waive certain requirements of title XVIII and title XIX of the Social Security Act to demonstrate the concept of a social HMO.

This project consolidated the data collection needs of the Second Generation Social Health Maintenance Organization(S/HMO-II)Demonstration which began in 1996. The work was done by Mathematica Policy Research under a subcontract until Fall 2004. However, Mathematica is now conducting this data collection work under its own contract. The project conducted initial and annual follow-up surveys for each beneficiary enrolled in the S/HMO-II demonstration. (A sampling method is used now.) The information gathered served three primary functions: baseline and follow-up data for the analyses; clinical information to the participating S/HMO-II site for care planning; and data for risk-adjustment and payment.

**Status:** The project data collection work is continuing. ■

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#### **Data Tapes and Documentation for Evaluation of Home Health PPS**

**Project No:** HHSM-500-2005-00008M  
**Project Officer:** Ann Meadow  
**Period:** January 2005 to January 2006  
**Funding:** \$510  
**Principal Investigator:** Christopher Murtaugh, Ph.D.  
**Award:** Purchase Order  
**Awardee:** Visiting Nurse Service of New York (Penn Plaza)  
5 Penn Plaza, 11th Floor New York, NY 10001-1824

**Description:** Under a purchase order, the Center for Home Care Policy and Research, Visiting Nurse Service of New York, will provide analytic files and documentation in support of a 30-month evaluation project entitled "Impact of the Medicare Home Health Prospective Payment System on Beneficiaries and Program Costs." The evaluation is funded by the Robert Wood Johnson Foundation, with CMS and Laguna Research Associates as partners. The CMS's role is to provide data and consultation. The evaluation project comprises several main analyses exploring impacts of the new payment system: incidence of use, contents and cost of care, outcomes of care, and post-acute care outcomes.

**Status:** Under the previous purchase order supporting the evaluation, the incidence of use analysis was presented at a research meeting. The first research paper has been completed and is ready for submission to a journal. The remaining analyses are in process. ■

#### **Daycare, Respite Care, Emergency Services, and Social Services to HIV-Infected Children**

**Project No:** 18-P-91854/04-01  
**Project Officer:** Jean Close  
**Period:** September 2003 to September 2004  
**Funding:** \$99,350  
**Principal Investigator:** Elizabeth Dupont  
**Award:** Grant

**Awardee:** Hope House Daycare  
23 S. Idlewild  
Memphis, TN 38174-1437

**Description:** Hope House Day Care offers day care services for children age 6 weeks to 5 years of age with HIV/AIDS. The objectives of the Hope House Project include:

- (1) Providing therapeutic day care and drop-in respite care.
- (2) Providing material support, transportation, and emotional support to children and their families.
- (3) Coordinating services for families.
- (4) Preparing pre-school children for entry into kindergarten.

**Status:** The project is complete. ■

#### Demonstration of HHA Settlement for Dual Eligibles for the State of Connecticut.

**Project No:** 95-W-00086/01  
**Project Officer:** J. Sherwood  
**Period:** January 2001 to December 2006  
**Funding:** \$0  
**Principal Investigator:** Kristine Ragaglia  
**Award:** Waiver-Only Project  
**Awardee:** Connecticut Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106

**Description:** CMS is conducting a pilot program with the States of Connecticut, Massachusetts, and New York that utilizes a sampling approach to determine the Medicare share of the cost of home health services claims for dual eligible beneficiaries that were originally submitted to and paid by the Medicaid agencies. This sampling will be used in lieu of individually gathering Medicare claims from home health agencies for every dual eligible Medicaid claim the State has possibly paid in error. This process will eliminate the need for the home health agencies (HHA) to assemble, copy, and submit huge numbers of medical records, as well as the need for the regional home health intermediary (RHII) to review every case.

The demonstration will consist of two components: (1) an educational initiative to improve the ability of all parties to make appropriate coverage recommendations for crossover claims and (2) a statistically valid sampling methodology to be applied in settlement of claims paid by Medicaid for which the State believes may have potential to also be covered by Medicare.

**Status:** The demonstration in Connecticut covers HHA claims for Fiscal Years 2001 through 2006. The initial reviews have been conducted on the Fiscal Year 2001 and Fiscal Year 2003 claims for Connecticut and initial payments have been made for these years. A three level series of appeals has been developed for this project. The first level is a reconsideration review by the demonstration RHII, Associated Hospital Service. If the State is dissatisfied with a reconsideration determination, a State official will submit the sample claim(s) in question for review along with a rationale to a CMS official. If such CMS officials cannot resolve the matter with the State, CMS shall submit the case to an outside arbitrator. Arbitration will be the final step in resolving the cases. ■

#### Demonstration of HHA Settlement for Dual Eligibles for the State of Massachusetts

**Project No:** 95-W-00085/01  
**Project Officer:** J. Sherwood  
**Period:** January 2000 to December 2004  
**Funding:** \$0  
**Principal Investigator:** Julie Forgione  
**Award:** Waiver-Only Project  
**Awardee:** Division of Medical Assistance, Massachusetts Executive Office of Health and Human Services  
600 Washington Street, 5th Floor  
Boston, MA 02111

**Description:** CMS is conducting a pilot program with the States of Connecticut, Massachusetts, and New York that utilizes a sampling approach to determine the Medicare share of the cost of home health services claims for dual-eligible beneficiaries that were originally submitted to and paid by the Medicaid agencies. This sampling will be used in lieu of individually gathering Medicare claims from home health agencies for every dual eligible Medicaid claim the State has possibly paid in error. This process will eliminate the need for the home health agencies (HHA) to assemble, copy, and submit huge numbers of medical records, as well as the need for the regional home health intermediary (RHII) to review every case.

The demonstration will consist of two components: (1) an educational initiative to improve the ability of all parties to make appropriate coverage recommendations for crossover claims and (2) a statistically valid sampling methodology to be applied in settlement of claims paid by Medicaid for which the State believes may have potential to also be covered by Medicare.

**Status:** The demonstration in Massachusetts covers Fiscal Years 2000 through 2006. Initial reviews have been conducted on the Fiscal Year (FY) 2000, FY 2001, FY 2002, and FY 2003 claims for Massachusetts and initial payments have been made for these years. A three-level series of appeals has been developed for this project. The first level is a reconsideration review by the demonstration RHII, Associated Hospital Service. If the State is dissatisfied with a reconsideration determination, a State official will submit the sample claim(s) in question for review along with a rationale to a CMS official. If such CMS officials cannot resolve the matter with the State, CMS shall submit the case to an outside arbitrator. Arbitration will be the final step in resolving the cases. ■

#### Demonstration of HHA Settlement for Dual Eligibles for the State of New York

**Project No:** 95-W-00084/02  
**Project Officer:** J. Sherwood  
**Period:** January 2002 to December 2006  
**Funding:** \$0  
**Principal Investigator:** Jeff Flora  
**Award:** Waiver-Only Project  
**Awardee:** Office of Medicaid Management, New York Department of Health, Empire State Plaza, Corning Tower, Room 1466, Albany, NY 12237

**Description:** CMS is conducting a pilot program with the States of Connecticut, Massachusetts, and New York that utilizes a sampling approach to determine the Medicare share of the cost of home health services claims for dual eligible beneficiaries that were originally submitted to and paid by the Medicaid agencies. This sampling will be used in lieu of individually gathering Medicare claims from home health agencies for every dual eligible Medicaid claim the State has possibly paid in error. This process will eliminate the need for the home health agencies (HHA) to assemble, copy, and submit huge numbers of medical records, as well as the

need for the regional home health intermediary (RHII) to review every case.

The demonstration will consist of two components: (1) an educational initiative to improve the ability of all parties to make appropriate coverage recommendations for crossover claims and (2) a statistically valid sampling methodology to be applied in settlement of claims paid by Medicaid for which the State believes may have a potential to also be covered by Medicare.

**Status:** The demonstration in New York covers the Fiscal Years 2000 through 2006. Initial reviews have been conducted on the 2000, 2001, and 2002 claims for New York and initial payments have been made for these years. A three-level series of appeals has been developed for this project. The first level is a reconsideration review by the demonstration RHII, Associated Hospital Service. If the State is dissatisfied with a reconsideration determination, a State official will submit the sample claim(s) in question for review along with a rationale to a CMS official. If such CMS officials cannot resolve the matter with the State, CMS shall submit the case to an outside arbitrator. Arbitration will be the final step in resolving the cases. Initial reviews have been conducted on the Fiscal Year 2001 claims for Connecticut and Massachusetts and payments have been made to these States. The demonstration RHII, Associated Hospital Service, is currently reviewing the Fiscal Year 2001 claims for New York. A reconsideration process has been finalized and framework has been developed for the educational component. ■

#### Demonstration Project in the Commonwealth of Pennsylvania: DNA Backlog and Effective DNA Integration into Criminal Justice Processing

**Project No:** 18-P-93121/3-01  
**Project Officer:** Carl Taylor  
**Period:** July 2005 to September 2006  
**Funding:** \$99,143  
**Principal Investigator:** Kenneth Soprano  
**Award:** Grant  
**Awardee:** Temple University, Crime and Justice Research Center, 406 USB, Philadelphia, PA 19122-6099

**Description:** The application is for the first year of a four-year project to evaluate the size and cause of the DNA evidence backlog in the Commonwealth of Pennsylvania and explore ways to more effectively integrate DNA evidence into criminal justice processing.

This will involve making contacts with the key officials in the criminal justice system within the Commonwealth to gain an initial assessment, developing and using surveys for further interviews, and forming a policy advisory committee to provide important feedback to the broader project.

**Status:** This project is ongoing. ■

### Demonstration to Improve Direct Service Community Workforce

**Project No:** 11-P-92189/06-01  
**Project Officer:** Kathryn King  
**Period:** September 2003 to September 2006  
**Funding:** \$1,403  
**Principal Investigator:** Tony Cahill  
 Bobbi Britt  
**Award:** Grant  
**Awardee:** New Mexico Department of Health  
 Long Term Services Division  
 1190 St. Francis Drive  
 Santa Fe, NM 87502-6110

**Description:** The Demonstration to Improve the Direct Service Community Workforce grant initiative is part of the President's New Freedom Initiative to eliminate barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003 to September 29, 2006, to assist States and others to develop innovative programs and strategies that improve recruitment and the retentions of direct service workers.

**Status:** This project is underway. ■

### Demonstration to Improve Direct Service Community Workforce

**Project No:** 95-P-92168/03-01  
**Project Officer:** Jeannine Eberly  
**Period:** September 2003 to April 2007  
**Funding:** \$680,500  
**Principal Investigator:** Mark Bernstein  
**Award:** Grant

### Awardee:

University of Delaware  
 College of Human Services/EPP/  
 CDS, New Castle County  
 Newark, DE 19716

**Description:** The Demonstration to Improve the Direct Service Community Workforce grant initiative is part of the President's New Freedom Initiative to eliminate barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003 to September 29, 2006, to assist States and others to develop innovative programs and strategies that improve recruitment, and the retentions of direct service workers.

**Status:** This project is underway. ■

### Demonstration to Improve Direct Service Community Workforce

**Project No:** 95-P-92225/03-01  
**Project Officer:** Jeannine Eberly  
**Period:** September 2003 to September 2007  
**Funding:** \$680,500  
**Principal Investigator:** Angela King  
**Award:** Grant  
**Awardee:** Volunteers of America, Inc.  
 National Office, 1660 Duke Street  
 Alexandria, VA 22314

**Description:** The Demonstration to Improve the Direct Service Community Workforce grant initiative is part of the President's New Freedom Initiative to eliminate barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003 to September 29, 2006, to assist States and others to develop innovative programs and strategies that improve recruitment, and the retentions of direct service workers.

**Status:** This project is underway. ■

## Demonstration to Improve Direct Service Community Workforce

<b>Project No:</b>	95-P-92214/04-01
<b>Project Officer:</b>	Jeannine Eberly
<b>Period:</b>	September 2003 to May 2007
<b>Funding:</b>	\$1,403
<b>Principal Investigator:</b>	Roy Burnette Linda Kendall-Fields
<b>Award:</b>	Grant
<b>Awardee:</b>	Pathways for the Future, Inc. 525 Mineral Springs Drive Sylva, NC 28779

**Description:** The Demonstration to Improve the Direct Service Community Workforce grant initiative is part of the President's New Freedom Initiative to eliminate barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003 to September 29, 2006, to assist States and others to develop innovative programs and strategies that improve recruitment, and the retentions of direct service workers.

**Status:** This project is underway. ■

programs and strategies that improve recruitment, and the retentions of direct service workers.

**Status:** This project is underway. ■

## Demonstration to Improve the Direct Service Community Workforce

<b>Project No:</b>	11-P-92158/04-01
<b>Project Officer:</b>	Kathryn King
<b>Period:</b>	May 2004 to May 2007
<b>Funding:</b>	\$680,000
<b>Principal Investigator:</b>	Sandra Mlinarcik
<b>Award:</b>	Grant
<b>Awardee:</b>	Seven Counties Services, Inc. 101 W. Muhammad Ali Blvd. Louisville, KY 40202

**Description:** This grantee will recruit and retain DSWs by providing a paid pre-service intervention and an apprenticeship program that includes access to mentors and competency-based training. In addition, the grantee will develop activities that formally recognize the value of DSWs and create enhancements to and promote an employee association for DSWs.

**Status:** The grantee is implementing its interventions. ■

## Demonstration to Improve Direct Service Community Workforce

<b>Project No:</b>	11-P-92187/01-01
<b>Project Officer:</b>	Jeannine Eberly
<b>Period:</b>	September 2003 to September 2007
<b>Funding:</b>	\$1,403,000
<b>Principal Investigator:</b>	Elise Scala
<b>Award:</b>	Grant
<b>Awardee:</b>	State of Maine/Governor's Office of Health Policy & Finance, #1 State House Station Augusta, ME 04333-0001

**Description:** The Demonstration to Improve the Direct Service Community Workforce grant initiative is part of the President's New Freedom Initiative to eliminate barriers to equality and grant a "New Freedom" to children and adults of all ages who have a disability or long-term illness so that they may live and prosper in their communities. CMS awarded five demonstration grants, which run from September 30, 2003 to September 29, 2006, to assist States and others to develop innovative

## Demonstration to Improve the Direct Service Community Workforce

<b>Project No:</b>	11-P-92247/05-01
<b>Project Officer:</b>	Kathryn King
<b>Period:</b>	May 2004 to May 2007
<b>Funding:</b>	\$1,403,000
<b>Principal Investigator:</b>	Kris Prohl
<b>Award:</b>	Grant
<b>Awardee:</b>	BRIDGES, Inc. 2650 West 35th Avenue Gary, IN 46408

**Description:** This grantee will recruit and retain DSWs by providing access to cafeteria benefits, an in-house career ladder, and a travel allowance. The grantee will also develop and promote a mentorship program and bonus pay incentives.

**Status:** The grantee is implementing its interventions. ■

### Demonstration to Maintain Independence and Employment - District of Columbia

**Project No:** 11-P-91421/03  
**Project Officer:** Shawn Terrell  
**Period:** January 2002 to December 2007  
**Funding:** \$12,599,022  
**Principal Investigator:** Robert Cosby, M.D.  
**Award:** Grant  
**Awardee:** District of Columbia, Department of Health, Medical Assistance Administration  
 Suite 5135, N. Capitol St., NE  
 Washington, DC 20002

**Description:** The Demonstration to Maintain Independence and Employment (DMIE) was created by section 204 of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA). The demonstration allows States to provide medical assistance and other support services to people with potentially severe disabilities who are at risk of becoming disabled and eligible for cash assistance from the Social Security Administration.

The demonstration provides highly active antiretroviral drug therapy (HAART) to 420 persons who have early HIV infection, and are not yet disabled under SSA criteria. The demonstration also provides the full range of Medicaid benefits to participants. Persons being served are primarily African American (76%). Fifty-nine percent are between the ages of 25 and 44, while 37% are 45-64. The program has spent \$4 million in service claims, at an average of \$8,635 per enrollee. Eighty-three percent of the expenditures have been for prescription drugs.

**Status:** The program is operating at full capacity. ■

### Demonstration to Maintain Independence and Employment -- Kansas

**Project No:** 11-P-92389/07-01  
**Project Officer:** Shawn Terrell  
**Period:** November 2004 to March 2006  
**Funding:** \$5,000,000  
**Principal Investigator:** Mary Ellen O'Brien Wright  
**Award:** Grant

### Awardee:

Kansas, Department of Social and Rehabilitation Services  
 915 Harrison St. 6th Floor North  
 Topeka, KS 66612-1570

**Description:** The Demonstration to Maintain Independence and Employment (DMIE) was created by section 204 of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA). The demonstration allows States to provide medical assistance and other support services to people with potentially severe disabilities who are at risk of becoming disabled and eligible for cash assistance from the Social Security Administration.

This demonstration will provide State Medicaid and other health and employment support services as wraparound coverage to a targeted 200 people with health insurance through the Kansas high-risk pool, also known as the Kansas Health Insurance Association (KHIA). People in the high-risk pool experience multiple severe conditions for which they have been unable to obtain employer-sponsored coverage or reasonably priced private coverage. They are ineligible for either Medicaid or Medicare and about one-third of participants are employed. The goals of the project are to improve the health and quality of life of individuals in the intervention group and to demonstrate that, compared to a carefully matched control group of 200 individuals also in the pool, they maintain a higher rate of employment and are less likely to become eligible for any form of Social Security disability benefits or other forms of public assistance.

**Status:** The project is in the operational phase. ■

### Demonstration to Maintain Independence and Employment -- Louisiana

**Project No:** 11-P-92390/06-01  
**Project Officer:** Shawn Terrell  
**Period:** November 2004 to March 2006  
**Funding:** \$5,000,000  
**Principal Investigator:** Olivia Dear  
**Award:** Grant  
**Awardee:** Louisiana, Department of Health and Hospitals  
 P.O. Box 91030  
 Baton Rouge, LA 70821-9030

**Description:** This demonstration will provide the full range of Medicaid equivalent services to 400 uninsured

Louisiana working residents who are age 18 through 64, have job-threatening serious mental illness (SMI), and reside in the Metropolitan Baton Rouge area. The demonstration will study whether the provision of Medicaid services alone versus Medicaid services plus the Individual Placement and Support (IPS) model of supported employment contributes to: (1) job tenure; (2) increased earnings; (3) independence from SSDI or SSI; and (4) improved health status and quality of life. The demonstration will have three randomly assigned groups, each with 200 participants: a Treatment as Usual Group (Medicaid); an Enhanced Treatment Group (Medicaid plus IPS); and a Control Group (no project services).

**Status:** The project is in the development phase. ■

#### Demonstration to Maintain Independence and Employment -- Minnesota

**Project No:** 11-P-92387/05-01  
**Project Officer:** Shawn Terrell  
**Period:** November 2004 to March 2006  
**Funding:** \$5,000,000  
**Principal Investigator:** MaryAlice Mowry  
**Award:** Grant  
**Awardee:** Minnesota, Department of Human Services  
 P.O. Box 64983  
 St. Paul, MN 55164-0983

**Description:** The Demonstration to Maintain Independence and Employment (DMIE) was created by section 204 of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA). The demonstration allows States to provide medical assistance and other support services to people with potentially severe disabilities who are at risk of becoming disabled and eligible for cash assistance from the Social Security Administration.

The Department of Human Services is using this demonstration as an opportunity to build on its history of creating public-private partnerships to better serve the needs of Minnesotans coping with mental illness. It serves a targeted 1,500 to 1,800 employed people diagnosed with serious mental illness in Hennepin, Ramsey, and St. Louis Counties. Employment-related services include ongoing contact with a project navigator, a peer support program, and employment counseling. Medical services and employment interventions will be delivered through a network of partnering health plans and community mental health service providers.

**Status:** The program is in the operational phase. ■

#### Demonstration to Maintain Independence and Employment -- Rhode Island

**Project No:** 11-P-91174/01  
**Project Officer:** Shawn Terrell  
**Period:** October 2000 to December 2006  
**Funding:** \$500,000  
**Principal Investigator:** Dianne Kayala  
**Award:** Grant  
**Awardee:** Rhode Island, Department of Human Services, HCQFP, Center for Adult Health  
 600 New London Avenue  
 Cranston, RI 02920

**Description:** The Demonstration to Maintain Independence and Employment (DMIE) was created by section 204 of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIIA). The demonstration allows States to provide medical assistance and other support services to people with potentially severe disabilities who are at risk of becoming disabled and eligible for cash assistance from the Social Security Administration.

The Rhode Island Project uses grant funding in conjunction with State funds to provide the full Medicaid benefit package, plus extra services such as targeted case management, personal assistance services, pharmaceutical co-payments, and other employment supports to individuals.

**Status:** The Rhode Island project is inactive due to fiscal barriers in securing the non-federal share of the service costs. ■

#### Demonstration to Maintain Independence and Employment - Texas

**Project No:** 11-P-91420/06  
**Project Officer:** Shawn Terrell  
**Period:** January 2002 to January 2007  
**Funding:** \$600,000  
**Principal Investigator:** Dena Stoner  
**Award:** Grant

**Awardee:** Texas, Health and Human Services Commission  
P.O. Box 13247  
Austin, TX 78711-3247

**Description:** The Demonstration to Maintain Independence and Employment (DMIE) was created by section 204 of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWWIA). The demonstration allows States to provide medical assistance and other support services to people with potentially severe disabilities who are at risk of becoming disabled and eligible for cash assistance from the Social Security Administration.

Texas proposed to redesign their project to use a public / private partnership in the provision of comprehensive behavioral health benefits to working adults at risk of becoming disabled in the Houston area. The insurance benefit will augment existing employer sponsored coverage and may provide full coverage for working individuals who do not have access to employer sponsored coverage (i.e. self-employed). It is anticipated that many people displaced by hurricane Katrina who are currently residing in the Houston area will take advantage of this program.

**Status:** The demonstration is underway. ■

#### Demonstration-Based Review of Physician Practice Expense Geographic Adjustment Data

**Project No:** 500-00-0024/16  
**Project Officer:** Jesse Levy  
**Period:** July 2004 to July 2007  
**Funding:** \$613,917  
**Principal Investigator:** Gregory Pope  
Steven Zuckerman  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis Road  
Research Triangle Park, NC 27709-2194

**Description:** The purpose is two-fold. The first is to assess the validity of these geographic adjustment methods by convening groups of interested parties in two localities, as described in the law, to discuss the availability of data in these localities and nationally. The second is to assess the generalizability of the data to

assist in the creation of geographic indices for practice expenses for use with the Medicare fee schedule for physician services.

**Status:** RTI has delivered drafts of the final report. ■

#### Design and Implementation of a Beneficiary Survey on Access to Selected Prescription Drugs and Biologicals

**Project No:** 500-01-0025/02  
**Project Officer:** Penny Mohr  
**Period:** September 2004 to November 2006  
**Funding:** \$589,537  
**Principal Investigator:** Arnold Chen  
**Award:** Task Order (ADDSTO)  
**Awardee:** Mathematica Policy Research, (Princeton)  
600 Alexander Park, PO Box 2393 Princeton, NJ 08543-2393

**Description:** The original intent of this project was to design and implement a survey of a sample of Medicare beneficiaries who participated in the Medicare Replacement Drug Demonstration. The demonstration, authorized under Section 641 of the Medicare Prescription Drug Improvement and Modernization Act of 2003, provided coverage for selected self-administered prescription drugs and biologicals that replaced medications already covered under Medicare Part B. The project was later expanded to explore factors that contributed to lower enrollment and utilization of the benefit than was expected through key informant interviews.

**Status:** A report on the findings of the beneficiary survey was completed in February 2006. The survey targeted 3,962 early participants in the Medicare Replacement Drug Demonstration and attained an 86 percent response rate. Participants served as their own controls and were asked about their perspectives on changes that were brought about through the demonstration program including: access to drug therapy; beneficiary financial and travel burden; perceived health status; satisfaction with medication costs and side effects; benefits intrinsic to the self-administration versus physician-administration of medications; and adherence to treatment regimen. The final report on outreach and enrollment efforts under the demonstration is expected to be complete by August 30, 2006. ■

## Design and Implementation of a Targeted Beneficiary Survey on Access to Physician Services Among Medicare Beneficiaries

**Project No:** 500-01-0025/01  
**Project Officer:** Renee Mentnech  
**Period:** September 2002 to December 2004  
**Funding:** \$996,692  
**Principal Investigator:** Marsha Gold  
**Award:** Task Order (ADDSTO)  
**Awardee:** Mathematica Policy Research, (DC)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** The purpose of this project is to design and implement a targeted, short beneficiary survey on access to physician services among Medicare beneficiaries. The intent of this targeted survey is to enhance the ability of CMS to determine, in real-time or as close as possible, whether Medicare beneficiaries are experiencing access problems in specific geographic areas.

**Status:** The first round of the survey was implemented in 11 market areas during the Spring of 2003, including: the State of Alaska and areas around Phoenix, Arizona; San Diego, California; San Francisco, California; Denver, Colorado, Tampa, Florida; Springfield, Missouri; Las Vegas, Nevada; Brooklyn, New York; Ft. Worth, Texas; and Seattle, Washington. The second round of the survey was administered in these same market areas during Spring 2004. A final report has been submitted. ■

## Design and Test of Evidence-Based Communications Strategies to Increase Consumer Awareness and Understanding of Long-Term Care Options

**Project No:** 500-96-0006/03  
**Project Officer:** Ted Chiappelli  
**Period:** September 2000 to May 2005  
**Funding:** \$7,095,615  
**Principal Investigator:** Brian Burwell  
**Award:** Keith Cherry  
**Awardee:** Task Order  
 MEDSTAT Group (DC - Conn.  
 Ave.)  
 4301 Connecticut Ave., NW, Suite  
 330  
 Washington, DC 20008

**Description:** The object of this program will be to provide Medicare beneficiaries with information about their long-term care options, information on Medicaid long-term care policy, service delivery options and how to access information and assistance. This project will (1) document what is known about consumer understanding of long-term care issues in order to help beneficiaries with awareness of and how to provide useful and understandable information; (2) pilot test a variety of culturally competent community-based communication and assessment activities related to long-term care planning and treatment options; (3) have ongoing evidence-based assessments of pilot activities, and (4) have ongoing reporting on the formative research and assessments.

The Long-Term Care Awareness Campaign is conducting a five-state pilot project to increase awareness among retirees and near-retirees about planning ahead for long-term care. Research shows that many persons do not want to think about their future long-term care needs and therefore fail to plan appropriately. If individuals and families are more aware of their potential need for long-term care, they are more likely to take steps to prepare for the future. From a public policy perspective, increased planning for long-term care is likely to increase private financing, and may reduce the burden on public financing sources.

The U.S. Department of Health and Human Services (CMS, ASPE, and AOA), is working closely with The National Governors Association and the National Council of State Legislators to sponsor the campaign. The five States participating in the pilot project are: Arkansas, Idaho, Nevada, New Jersey, and Virginia. The Campaign represents a unique partnership between the Federal government and the States to offer a consistent message about planning ahead for long-term care.

**Status:** The project is completed. ■

## Design of Evaluation Options of the Systems Change Grants

**Project No:** 500-00-0044/03  
**Project Officer:** Susan Radke  
**Period:** September 2002 to July 2005  
**Funding:** \$299,976  
**Principal Investigator:** Edith Walsh  
**Award:** Task Order (RADSTO)

**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis  
Road  
Research Triangle Park, NC 27709-  
2194

**Description:** The purpose of this task order is to design research study options to evaluate the Systems Change Grants. There are four different types of grants:

- (1) Nursing Facility Transitions Grants,
- (2) Community-Integrated Personal Assistance Services and Supports Grants,
- (3) Real Choice Systems Change Grants, and
- (4) National Technical Assistance Exchange for Community Living Grants.

Most States and Territories received funding from one or more of the four types of grants. The Americans with Disabilities Act (ADA), the Olmstead decision, and the Systems Change Grants apply to all Americans with a disability or long-term illness regardless of age or income. The Federal government assists States and localities who are required to administer their services, programs, and activities "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." The scope of the ADA and the Olmstead decision are not limited to Medicaid or Medicare beneficiaries.

**Status:** In June 2001, The Research Triangle Institute (RTI) was selected as a primary contractor. RTI reviewed the System Change Grant summaries and developed a policy outcome typology for potential System Change Grant evaluations. CMS used this information to prioritize policy goals and identify potential research projects. CMS amended the Statement of Work (SOW) to have RTI identify only two to three potential projects from the goals that were prioritized, select one project and implement a study from one of the priority areas. CMS has selected the project to be implemented from one of the priority areas. A no-cost extension to the evaluation is anticipated. The evaluation has been designed to be replicated at a later date. The output of this project shall be a written report describing designs of research studies that will analyze the impact of the Systems Change Grants on the provision of care in the community. ■

**Design, Development and Implementation of a Prospective Payment System for Inpatient Psychiatric Hospitals and Exempt Units**

**Project No:** 500-96-0007/02  
**Project Officer:** Carolyn Rimes  
**Period:** May 1996 to December 2006  
**Funding:** \$3,204,477  
**Principal Investigator:** Brandt Fries  
Carl Gibson  
**Award:** Task Order  
**Awardee:** Michigan Public Health Institute  
2465 Woodlake Circle, Suite 140  
Okemos, MI 48864

**Description:** This project aids in the design, development, testing, and implementation of a prospective payment system (PPS) for inpatient psychiatric hospitals and exempt units. It also includes the integration of related resident assessment instruments into the design and implementation of a PPS for inpatient psychiatric hospitals and exempt units (i.e., psychiatric facilities).

The Balanced Budget Refinement Act of 1999 (BBRA) mandated that CMS develop a per diem PPS for inpatient hospital services of psychiatric hospitals and exempt units. This system must include a patient classification system that reflects differences in the cost and use of patient resources among such hospitals and shall maintain budget neutrality. The final regulation to implement this payment system was issued in Fall 2004. This acknowledges the need for further research to refine the PPS, and this project will be fielding a pilot test of an assessment instrument support potential case mix refinements.

**Status:** The project has received OMB clearance to pilot test the assessment instrument. A final report will be prepared delineating the reliability and validity of the instrument and making recommendation regarding the implementation of this instrument on a national basis. In addition, recommendations regarding use of this instrument to refine the inpatient psychiatric facilities PPS will be included. The draft final report is anticipated by Fall 2006. This draft will be reviewed by staff at CMS and made available to the TEP. ■

## Design, Development, and Implementation of an Improved Medicare Outpatient End Stage Renal Disease Prospective Payment System

<b>Project No:</b>	500-96-0007/03
<b>Project Officer:</b>	William Cymer Carolyn Rimes
<b>Period:</b>	September 2000 to September 2010
<b>Funding:</b>	\$3,439,258
<b>Principal Investigator:</b>	Richard Hirth
<b>Award:</b>	Contract
<b>Awardee:</b>	Michigan Public Health Institute 2465 Woodlake Circle, Suite 140 Okemos, MI 48864

**Description:** This project involves research to design, develop, test, and aid in the implementation of a fully bundled outpatient end stage renal disease prospective payment system (ESRD PPS). A fully bundled ESRD PPS would expand the routine maintenance dialysis services currently reimbursed under the composite payment system to include separately billable laboratory tests and drugs. The phased task order contract has been completed. That effort found that current data sources available to CMS are adequate for proceeding with the development of a bundled ESRD PPS, that case mix may be an important variable for risk adjusting payments, and that current data provide a sound basis for monitoring patient outcomes in a revised payment system.

Further research is currently underway and is expected to result in the development of case mix adjusted payment options in the context of a fully bundled ESRD PPS. Section 623(f) of Pub. L. 108-173 requires the issuance of a report to Congress on the bundled ESRD PPS's design and methodology.

This project also explored the development of a "basic" or limited case mix adjustment to the current composite payment system, in accordance with section 623(d) of Pub. L. 108-173. That research resulted in CMS's implementation of a basic case mix adjustment to the ESRD composite rates beginning April 1, 2005. Further efforts will explore refinements to the basic case mix system, including the potential adoption of variables based on newly collected data.

**Status:** The project is ongoing. ■

## Design, Development, Implementation, Monitoring, and Refinement of a Prospective Payment System for Inpatient Rehabilitation

<b>Project No:</b>	500-95-0056/08
<b>Project Officer:</b>	Jeanette Kranacs
<b>Period:</b>	July 1999 to September 2004
<b>Funding:</b>	\$5,908,651
<b>Principal Investigator:</b>	Grace Carter Melinda Beeuwkes Buntin
<b>Award:</b>	Task Order
<b>Awardee:</b>	RAND Corporation 1700 Main Street, P.O. Box 2138 Santa Monica, CA 90407-2138

**Description:** The purpose of this project is to support the design, development, implementation, monitoring, and refinement of a case-based prospective payment system (PPS) for rehabilitation facilities providing services to Medicare beneficiaries. Phase I of this project has been completed. This research has supported the development of a PPS for inpatient rehabilitation. This included the assessment and development of a classification system based upon both UDSmr and MEDIRISK data and focused on the Medicare population. The project will assess the feasibility of including or considering additional MDS PAC variables and assess the potential impact of the FIM-FRG classification system and subsequent payment system.

Phase II of this contract created a national database merging the Inpatient Rehabilitation Facility Patient Assessment Instrument with CMS administrative data to analyze the case mix groups and the facility adjustments for refinements to the payment systems, as well as analysis of special cases, i.e., day and cost outliers, short stay, deaths, transfers, and interrupted stay. Phase II advised and assisted CMS in developing a monitoring system to assess the impact of the inpatient PPS and analyze the results of the staff time measurement study to assess compression. Additional tasks that were addressed in the second phase of this contract included: impact of specific departments within the facilities or exempt units, assessing the impact of technological innovations on functional groups of the payment system, analysis of ADLs to predict disability status and payment, and continued analysis of the impact of motor and cognitive variables on predicting disability status and payment. This phase continued to analyze the impact of impairment groups, with and without co-morbidities, and analyzed the impact of co-morbidities and their relationship to RICs and complexities.

**Status:** A work plan and interim report on Inpatient Rehabilitation Facility Prospective Payment System for

Phase I is complete. Additional reports for Phase II are also available. ■

### Develop, Conduct, and Analyze Surveys of Providers that Work with Quality Improvement Organizations (QIO)

**Project No:** 500-01-0020/01  
**Project Officer:** Mei Wang  
**Period:** September 2002 to March 2005  
**Funding:** \$1,181,984  
**Principal Investigator:** William Taylor, MD  
**Award:** Task Order (ADDSTO)  
**Awardee:** Westat Corporation  
1650 Research Boulevard  
Rockville, MD 20850

**Description:** The purpose of this project is to collect information on the satisfaction of health care providers with the performance of the Quality Improvement Organizations (QIOs). The survey results will be combined with performance measures to evaluate the results of the QIOs in the seventh scope of work. To gain a broad view of the quality of the QIOs' interactions, we sampled providers from nursing homes, home health agencies, hospitals, physician offices, and managed care organizations. The sample size is 20,000 providers to ensure an adequate sample to make comparisons across provider settings and the States. The questionnaire was developed to measure satisfaction across several domains, and a composite measure was designed for the evaluation. The survey is a mailed questionnaire with an option of using the Internet to enter responses. Telephone interviews will be conducted for those who do not respond. The final report from these surveys will be completed by March 2005.

**Status:** This project is completed and a final report was received. ■

### Developing and Evaluating the Use of a Quality Indicator Format in the End Stage Renal Disease Survey Process

**Project No:** 500-96-0005/04  
**Project Officer:** Judith Kari  
**Period:** September 1999 to April 2005  
**Funding:** \$2,612,295  
**Principal Investigator:** Robert Rubin  
**Award:** Task Order  
**Awardee:** Lewin Group  
3130 Fairview Park Drive, Suite 800  
Falls Church, VA 22042

**Description:** This project was developed to enhance the End Stage Renal Disease (ESRD) survey process. The ESRD survey process is a complex technical process that requires an understanding of the mechanical, technical, and clinical aspects of ESRD. Therefore, CMS developed an automated tool to guide ESRD surveys using a tablet PC and wireless networking. This project promotes consistent and accurate survey results and provides more efficient and objective ways to record them. This project was developed, in part, to meet directives of the Balanced Budget Act of 1997 (BBA). The BBA directed the Secretary of Health and Human Services to develop and implement a method to measure and report quality of renal dialysis services provided under the Medicare program under Title XVIII of the Social Security Act.

**Status:** The project is completed. ■

### Development and Cognitive Testing of Questions Relating to Prescription Drug Discount Cards

**Project No:** 500-00-0024/02b  
**Project Officer:** Noemi Rudolph  
**Period:** May 2001 to September 2005  
**Funding:** \$191,127  
**Principal Investigator:** Lauren McCormack  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis Road  
Research Triangle Park, NC 27709-2194

**Description:** The purposes of this project are to develop a set of Medicare beneficiary knowledge questions relating to prescription drug discount cards and to test the cognitive reliability and content validity of these

questions. The tasks are to achieve consensus on measurement goals, develop and review questions with subject experts, field test the questions (cognitive testing), and organize the questions for a stand-alone survey. Among the topics for question development are self-reported knowledge and awareness of prescription drug discount cards, information needs and sources, specific features of prescription drug discount cards, pricing and cost knowledge and experience, and satisfaction with prescription drug discount cards. The development and testing of these questions will inform CMS education and outreach efforts on prescription drug cards.

**Status:** The questions and cognitive testing reports have been submitted to CMS. CMS fielded selected questions in the Summer 2004 round (Round 39) of the Medicare Current Beneficiary Survey and are being analyzed by CMS staff. The contract ended on September 2005. ■

### Development and Implementation of the Medicare Clinical Laboratory Services Competitive Bidding Demonstration Project

**Project No:** 500-00-0024/19  
**Project Officer:** Linda Lebovic  
**Period:** September 2004 to March 2005  
**Funding:** \$473,961  
**Principal Investigator:** John Kautter  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The purposes of this task order are to assist CMS in the design (Phase I: demonstration design, develop solicitation and bid process, claims processing plan, management), and operation (Phase II: operate bid sites of the demonstration).

Section 302(b) of the Medicare Modernization Act amends section 1847(e) (42 U.S.C. 1395w-3) -- Competitive Acquisition of Certain Items and Services, to include a demonstration project for clinical laboratory services. The demonstration must apply competitive acquisition for payment for clinical laboratory services, which would otherwise be made under Medicare Part B fee schedule. The payment basis determined for each competitive acquisition area will be substituted for the payment basis. Under this statute, pap smears and colorectal screening tests are excluded from this demonstration. Requirements under the Clinical

Laboratory Improvement Amendments (CLIA) as mandated in section 353 of the Public Health Service Act are applicable.

Contracts will be re-competeted every 3 years and multiple winners are expected in each competitive acquisition area. The statute does not specify the number or location of demonstration sites. The statute does not specify an implementation date. An initial report to Congress is due not later than December 31, 2005.

**Status:** CMS awarded the task order contract to Research Triangle Institute (and their subcontractor Palmetto GBA, LLC) on September 30, 2004. A Technical Expert Panel (TEP) was established by and is managed by RTI to provide expertise regarding technical, operational, and laboratory performance issues for this project. TEP members were asked to participate based on their personal expertise and are drawn from the stakeholder community. Open Door Forum Listening Sessions were held March 3, 2004 and August 24, 2005. RTI's recommendations to CMS for the demonstration design are available at the demonstration web page found at:

<http://www.cms.hhs.gov/DemoProjectsEvalRpts/MD/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=3&sortOrder=ascending&itemID=CMS023785> ■

### Development and Validation of MDS 3.0

**Project No:** 500-00-0027/02  
**Project Officer:** Robert Connolly  
**Period:** April 2003 to December 2007  
**Funding:** \$3,539,564  
**Principal Investigator:** Debra Saliba  
**Award:** Task Order (RADSTO)  
**Awardee:** RAND Corporation  
 1700 Main Street, P.O. Box 2138  
 Santa Monica, CA 90407-2138

**Description:** The purpose of this procurement is to refine and validate Version 3.0 of the MDS. The goal of the refinement is to produce a valid instrument that reduces user burden; is more clinically relevant, while still achieving the federal payment mandates and quality initiatives; is more intuitive for users; includes better use of standard assessment scales; use of common language from health information and HIPPA standards; assesses

resident quality of life; and, where possible, is more resident-centered.

Prior to drafting MDS 3.0, CMS convened a number of clinical meetings with industry experts to identify existing scales, indices, and measurement tools that are relevant to the nursing home setting. Information obtained by the clinical meetings will be shared with the offeror to help create a revised MDS tool. The goal is to create an instrument which is fluid and can adapt to various resident populations without being redundant or burdensome to facilities specializing in specific populations.

Guidelines for each item must be developed that clarify the intent, definition, and process for collecting and coding for each data item. This material must be suitable for software with wizards and other intuitive data accumulation methods. Providers and stakeholders must be involved throughout the refinement and validation process. In addition, for each data item considered for the MDS 3.0, the specific uses of the element must be identified resource utilization group item, quality measure, quality indicator, resident assessment protocols (RAP), etc. as well as specifying implications of any revised item to the RAPs, the Prospective Payment System (PPS), and State-specific case mix systems. Special attention should also be paid to how the instrument can be modified to suit a quarterly assessment form and how the final instrument fits with the Medicare Payment Assessment Form (MPAF).

Payment items considered for revision cannot be changed unless a direct crosswalk between the revised item and the old payment item is available and must be validated in the field testing of the instrument. The offeror will take this information into consideration when redesigning the tool.

The offeror has convened technical experts to provide consultation to help inform the revision process and help the offeror sort through the feedback, tools, measures, and information shared with CMS by various interest groups and stakeholders.

The offeror will be required to convene and attend town hall meetings at CMS to seek feedback from

**Status:** On April 23, 2003, a competitive RADSTO award was made to RAND under the leadership of Deb Saliba, MD (from RAND and UCLA) and Joan Buchanan (from Harvard University Medical School). In April 2004, a contract modification was made to RAND

to extend the period of performance through December 31, 2006 to expand the number of States and size of the Natural MDS 3.0 Validation Sample. On September 29, 2005, a contract modification was made to RAND to extend the period of performance through December 31, 2007, to add resident assessment protocol development and consultation tasks and to provide consultation on CMS's plan to develop an integrated post acute care instrument. ■

### Development of a National MAX Enrollee File

<b>Project No:</b>	500-02-0006/06
<b>Project Officer:</b>	David Baugh
<b>Period:</b>	September 2005 to December 2007
<b>Funding:</b>	\$109,981
<b>Principal Investigator:</b>	Celia H. Dahlman
<b>Award:</b>	Delivery Order
<b>Awardee:</b>	CHD Research Associates 5515 Twin Knolls Road #322 Columbia, MD 21045

**Description:** This project will create a national Person Summary file for MAX in flat-file format. In order to create this file, it will be necessary to develop an algorithm to unduplicate individuals across States and over time, using data elements such as IDs - Medicaid and Medicare, Social Security number, date of birth and gender. In addition, it will be necessary to analyze the potential for both type 1 and type 2 errors in the unduplication process. There are a number of reasons for mismatches, including one enrollee reporting another person's SSN as their own, missing or erroneous SSNs and reporting of Individual Tax Identification Numbers - ITINs - as SSNs. The eventual aim in the process of creating this national Person Summary file for MAX is to: (1) develop more accurate estimates of national Medicaid enrollment, (2) assist data users who need to conduct research on more than one State, and (3) assist users that need to build longitudinal cohorts of enrollees.

**Status:** Design work for this project is underway. ■

## Development of Medication Measures for CKD and ESRD

**Project No:** 500-00-0037/10  
**Project Officer:** Christie Cahee  
**Period:** Fatima Millar  
**Funding:** September 2005 to  
**Principal**  
**Investigator:** May 2007  
**Award:** \$1,188,187  
**Awardee:** Barry Chaiken  
**Task Order (RADSTO)**  
**Bearing Point**  
**1676 International Drive**  
**McLean, VA 22102-4828**

**Description:** This task order will identify those measures that can be used by QIOs and the ESRD Networks to establish a baseline for medication use in CKD/ESRD patients as well as identify drug-related issues specific to this population. Development of CKD/ESRD medication measures will allow for tracking of prescribing and therapeutic monitoring patterns of those drugs specific to these patients, as well as monitoring of the quality of care provided to those patients.

**Status:** The project is underway. ■

## Development of Physician Measures

**Project No:** 500-00-0033/11  
**Project Officer:** Latousha Leslie  
**Period:** September 2005 to  
**Funding:** March 2007  
**Principal**  
**Investigator:** \$1,265,110  
**Award:** Myles Maxfield  
**Awardee:** Task Order  
**Mathematica Policy Research, (Princeton)**  
**600 Alexander Park, PO Box 2393**  
**Princeton, NJ 08543-2393**

**Description:** The purpose of this task order is for the development of physician measures based on administrative data from electronic health records or paper medical records and other relevant claims-based or administrative data sources. Physician measures shall be selected and developed for quality improvement and intervention, public reporting, and pay-for-performance demonstrations and for use by QIOs. While some measures may be used specifically for pay-for-performance, quality improvement or public reporting, it is conceivable that some measures may be used for multiple purposes. The measures to be developed, to the extent feasible, shall be based on the Institute of

Medicine's (IOM) domains of safety, effectiveness, patient-centered, timeliness, efficiency and equitability.

**Status:** The project is underway. ■

## Development of Quality Indicators for Inpatient Rehabilitation Facilities

**Project No:** 500-00-0024/04  
**Project Officer:** Rita Shapiro  
**Period:** Jean Scott  
**Funding:** September 2001 to  
**Principal**  
**Investigator:** September 2005  
**Award:** \$1,420,000  
**Awardee:** Barbara Gage  
**Task Order (RADSTO)**  
**Research Triangle Institute, (NC)**  
**PO Box 12194, 3040 Cornwallis**  
**Road**  
**Research Triangle Park, NC 27709-2194**

**Description:** The purpose of this project is to support developing and defining measures to monitor the quality of care and services provided to Medicare beneficiaries receiving care in inpatient rehabilitation facilities. It will identify the elements integral to assessing quality of care in rehabilitative services and develop a set of measures for use by States.

**Status:** The project has been completed and a final report was received. ■

## Diabetes Care Across the Life Span for Medicaid Beneficiaries: Gender and Racial Differences

**Project No:** 500-00-0046/01  
**Project Officer:** Beth Benedict  
**Period:** August 2001 to  
**Funding:** July 2005  
**Principal**  
**Investigator:** \$214,592  
**Award:** Anupa Bir  
**Awardee:** Task Order (RADSTO)  
**Research Triangle Institute, (MA)**  
**411 Waverley Oaks Road, Suite 330**  
**Waltham, MA 02452-8414**

**Description:** This project assists CMS in understanding the magnitude and patterns of utilization of health care services for beneficiaries with diabetes between the ages of 10 and 64 years in 4 States (Florida, Georgia, Michigan and New Jersey) from 1996 to 1998. Chronic

diseases contribute significantly to the morbidity and mortality of Americans. Diabetes is a chronic disease of both childhood and adulthood. It is the seventh leading cause of death in this country. However, because diabetes frequently goes undiagnosed, the true burden of this disease is actually not known. The Centers for Disease Control and Prevention (CDC) estimate that the number of persons with undiagnosed diabetes is over 5 million.

At the present time, it has been estimated that 10.3 million people have been diagnosed with diabetes in the United States. Although diabetes is more prevalent in the aged, current research has shown that the risk of developing Type II diabetes for children and young adults is increasing. The rising incidence and prevalence of Type II diabetes in the younger ages is believed to be related to several factors such as the onset of puberty, overweight and obesity, and lack of physical activity. It has been proposed that future diabetes research be directed towards elucidating the genetic and behavioral aspects of obesity. With more and more young people suffering from this chronic disease, one can expect an increased burden in the future as these individuals grow older. Identifying potential racial disparities and working towards eliminating these disparities is a key focus for CMS. Although, some of the risk factors for diabetes cannot be modified (age, race, gender, etc.), there are risk factors that can be modified, such as level of physical activity, diet, and weight. However, the research has shown that certain cultures or racial/ethnic groups view weight gain and body image in different ways. Therefore, culturally relevant interventions must be developed to change these behaviors. To improve the health care delivered to our beneficiaries, CMS needs to better understand the racial/ethnic composition of its Medicaid beneficiaries. Further, as CMS strives to make inroads in developing cultural competency in the way it administers its programs, having more detailed information on the racial/ethnic composition of its beneficiaries is imperative. The current project will complement the research that we are conducting on diabetes care in the Medicare population. It will provide information on diabetes in

**Status:** This project is complete. ■

### **Diabetes: Factors Influencing Self-Care Among African-Americans in Rural and Urban Populations**

<b>Project No:</b>	20-P-91430/03
<b>Project Officer:</b>	Richard Bragg
<b>Period:</b>	September 2001 to September 2004
<b>Funding:</b>	\$241,640
<b>Principal Investigator:</b>	Connie Webster
<b>Award:</b>	Grant
<b>Awardee:</b>	University of the District of Columbia 4200 Connecticut Avenue, NW Washington, DC 20008

**Description:** The purpose of this project is to identify, assess, and evaluate knowledge about diabetes prevention, self care (compliance), and focus of control behaviors among a population of urban and rural African-Americans, age 45 or over, living in Baltimore, MD, the District of Columbia, and Petersburg, VA. Individuals will be recruited from free clinics, practitioners, senior citizens centers, and faith-based organizations. The multi-phase project will identify at-risk diabetics (diabetics with self-care deficits), and initiate specific sensitive interventions to decrease risk factors associated with diabetes complications and to improve self-care. The aim of the project is to identify high-risk, type-2 diabetics, develop intervention strategies that are culturally sensitive, and provide an educational curriculum (regarding diabetes and self-care behavior) that recognized the impact of culture in disease management. These interventions will target three areas: health promotion, outreach, and diabetes care.

**Status:** The HBCU Health Services Research Grant Program had four historically black colleges and universities collaborate on this project: The University of the District of Columbia, Morgan State University, Coppin State College, and Virginia State University. This project is complete. ■

### **Diamond State Health Plan - 1115 Demonstration**

<b>Project No:</b>	11-W-00036/03
<b>Project Officer:</b>	Diane Gerrits
<b>Period:</b>	January 1996 to December 2006
<b>Funding:</b>	\$1,637,885,922
<b>Principal Investigator:</b>	
<b>Award:</b>	Demonstration

**Awardee:** Delaware Health and Social Services (Dover)  
Div. Development Disabilities Svcs., Jesse Cooper Bldg., Box 637 Dover, DE 19903

**Description:** Delaware implemented the Diamond State Health Plan (DSHP), a Medicaid managed care program, on January 1, 1996. Using savings achieved under managed care, Delaware expanded Medicaid health coverage to additional low-income adults in the State.

Through the DSHP, the State seeks to: (1) improve and expand access to health care to more adults and children throughout the State; (2) create a managed care delivery system emphasizing primary care; and (3) control the growth of health care expenditures for the Medicaid population.

**Status:** The 1115 demonstration is now in its second 3-year extension that will expire on December 31, 2006. The State is currently working with CMS to develop their application for an extension. ■

#### Disabled and Special Needs Populations: Examining Enrollment, Utilization, and Expenditures

**Project No:** 500-00-0047/01  
**Project Officer:** James Hawthorne  
**Period:** September 2000 to November 2006  
**Funding:** \$1,024,697  
**Principal Investigator:** Carol Irvin  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research, (Princeton)  
600 Alexander Park, PO Box 2393 Princeton, NJ 08543-2393

**Description:** The purpose of this project is to create a linked database that combines information from the Social Security Administration's (SSA) administrative data with CMS Medicaid and Medicare data. It complements and builds upon activities related to these special needs populations by other components of the Department of Health and Human Services. One group of studies will link Medicaid and SSA data in order to examine enrollment dynamics between Medicaid and the Supplemental Security Income and the Social Security Disability Insurance Programs and to determine whether inter-program enrollment dynamics vary by characteristics of enrollees—such as work status,

disabling condition, severity of condition, state of residence, race/ethnicity, or age group.

Using the same data, another study will help CMS develop a more complete understanding of children with special health care needs enrolled in the Medicaid program. Specifically the study will develop estimates of the number of children with special health care needs enrolled in Medicaid, as this population is defined by the Balanced Budget Act of 1997 interim rule, their demographic characteristics, and utilization and expenditure patterns. A final study will link SSA disability data, Medicare, and Medicaid data for a sample of Medicare beneficiaries with behavioral health problems. The purpose of this study is to develop a much more complete understanding of utilization and expenditures for Medicare beneficiaries with behavioral health disorders.

**Status:** As of March 2005, the project has obtained the necessary data from SSA and the contractor is in the process of linking the SSA and Medicaid data. An additional analysis of the cost and use of services by individuals with behavioral health disorders has been added to the project. The contract has been extended until November 30, 2006. ■

#### Disease Management for Severely Chronically Ill Medicare Beneficiaries - California and Arizona

**Project No:** 95-W-00089/09  
**Project Officer:** J. Sherwood  
**Period:** February 2004 to January 2007  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Cooperative Agreement  
**Awardee:** Pacificare Health Systems, Inc.  
410 N. 44th Street M/S: AZ70-175 Phoenix , AZ 85008

**Description:** The HeartPartners Group, which is a joint venture between PacifiCare, QMed, and Alere Medical, provides services to beneficiaries in the States of California and Arizona. The purpose of this demonstration is to evaluate how disease management organizations can improve the health outcomes of specific Medicare beneficiaries diagnosed with advanced-stage congestive heart failure, diabetes, or coronary heart disease, while providing sufficient savings to the Medicare program to at least cover the expense of the disease management services. Included in this demonstration is the payment of all costs for prescription drugs whether or not they relate to the chronic health

condition. This project will cover up to 30,000 lives at a time.

**Status:** After two years in the demonstration, PacifiCare, the senior partner in the HeartPartners Group, decided to prematurely end the demonstration. The demonstration officially ended as of February 28, 2006. Final settlement will occur after a 9-month runout period to collect Medicare claims. At the time the demonstration ended, HeartPartners had successfully enrolled over 8,000 participants. ■

#### Disease Management for Severely Chronically Ill Medicare Beneficiaries - Louisiana

**Project No:** 95-W-00087/05  
**Project Officer:** Linda Colantino  
**Period:** January 2004 to April 2006  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Cooperative Agreement  
**Awardee:** CorSolutions Medical, Inc.  
 9500 W. Bryn Mawr Avenue  
 Rosemont, IL 60018

**Description:** CorSolutions Inc. will serve beneficiaries residing in the Shreveport – New Orleans corridor of Louisiana. The purpose of this demonstration is to evaluate how disease management organizations can improve the health outcomes of specific Medicare beneficiaries diagnosed with advanced-stage congestive heart failure, diabetes, or coronary heart disease, while providing sufficient savings to the Medicare program to at least cover the expense of the disease management services. Included in this demonstration is the payment of all costs for prescription drugs whether or not they relate to the chronic health condition. This project will cover up to 30,000 lives at a time.

**Status:** Started enrollment effective June 1, 2004 ■

#### Disease Management for Severely Chronically Ill Medicare Beneficiaries - Texas

**Project No:** 95-W-00088/03  
**Project Officer:** Juliana Tiongan  
**Period:** April 2004 to December 2005  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Cooperative Agreement  
**Awardee:** XLHealth Corporation  
 351 West Camden Street  
 Baltimore, MD 21201

**Description:** XLHealth Corporation serves beneficiaries throughout the metropolitan areas of Texas. The purpose of this demonstration is to evaluate how disease management organizations can improve the health outcomes of specific Medicare beneficiaries diagnosed with advanced-stage congestive heart failure, diabetes, or coronary heart disease, while providing sufficient savings to the Medicare program to at least cover the expense of the disease management services. Included in this demonstration is the payment of all costs for prescription drugs whether or not they relate to the chronic health condition. This project will cover up to 30,000 lives at a time.

**Status:** This project started enrollment on April 1, 2004. ■

#### Disproportionate Share Hospital (DSH) Funds Under Section 1115 Demos

**Project No:** 500-00-0044/04  
**Project Officer:** Paul Youket  
**Period:** September 2003 to June 2005  
**Funding:** \$223,405  
**Principal Investigator:**  
**Award:** Susan Haber  
**Awardee:** Task Order (RADSTO)  
 Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis  
 Road  
 Research Triangle Park, NC 27709-  
 2194

**Description:** The Medicaid DSH Program was designed to provide Federal funds to certain hospitals to help offset the cost of uncompensated care provided to the uninsured. Each State has a specified Federal DSH allotment. Several States have used section 1115 demonstration authority as a vehicle to expand Medicaid eligibility to previously uninsured individuals.

Because these expansions would reduce the number of uninsured and thus the amount of uncompensated care provided by hospitals, some States have received section 1115 waivers to use DSH funds to help finance these eligibility expansions. This study will examine the impact of redirecting DSH funds for eligibility expansion and determine whether this is an effective strategy in reducing uncompensated care.

**Status:** This project was terminated by CMS prior to completion of the scope of work. ■

### Dual Eligible Research, Evaluation, and Demonstration Data Support and Analysis

**Project No:** 500-01-0035/01  
**Project Officer:** Susan Radke  
**Period:** September 2004 to December 2006  
**Funding:** \$39,986  
**Principal Investigator:** Dan Gilden  
**Award:** Task Order (ADDSTO)  
**Awardee:** JEN Associates, Inc.  
 P.O. Box 39020  
 Cambridge, MA 02139

**Description:** CMS manages and provides Federal oversight to dually eligible demonstration programs that integrate Medicaid and Medicare financing and service delivery health care for dually eligible beneficiaries. CMS partners with State Medicaid agencies and Medicare managed care organizations to implement dually eligible waivers demonstration projects. CMS needs to use existing Medicare and Medicaid linked data sets to develop waiver cost estimates for the dually eligible demonstration waivers and to develop as well as implement Medicaid and Medicare dually eligible research and evaluation studies. The contractor is approved by CMS to serve as custodian for various State data files that include linked Medicare and Medicaid data sets. JEN Associates, Inc. will:

(1) Continue Data Use Agreements (DUAs) for State data sets managed by the contractor and enable data re-use for CMS sponsored or approved intramural and extramural research. (2) Continue DUAs for Medicare data sets and enable data re-use for CMS sponsored or approved intramural and extramural research.

(3) Collect most recent years of Medicare and Medicaid data from CMS and a limited number of States to create additional dual eligible or pharmacy files as may be necessary for either program development or research and evaluation purposes. (4) Compile a national 5-percent Medicare/Medicaid linked file for dually eligible beneficiaries. (5) Assist in the preparation of one or more

Medicare/Medicaid waiver cost estimates. (6) Present to CMS a demonstration of the JEN decision support methodology developed for application using State and other data sources.

**Status:** The project is underway and the contractor is updating current DUAs. The contractor presented several workshops that demonstrated the JEN decision support methodology developed for application using State and other data sources. Currently, a no-cost extension is underway to continue data re-use for CMS sponsored or approved intramural and extramural research and to develop waiver cost estimates for the dually eligible demonstration waivers. ■

### Educational Intervention with HIV Infected Patients: A Randomized Study, An

**Project No:** 25-P-92351/04-02  
**Project Officer:** Richard Bragg  
**Period:** September 2004 to May 2007  
**Funding:** \$249,495  
**Principal Investigator:** Jose Castro  
**Award:** Grant  
**Awardee:** University of Miami School of Medicine  
 1800 NW 10th Ave.  
 Miami, FL 33136

**Description:** This project is a collaborative effort of the University of Miami School of Medicine's AIDS Clinical Research Unit (ACRU), the Miami Drug Abuse & AIDS Research Center, and the Jackson Memorial Hospital HIV/AIDS Clinical Program.

The purpose of this project is to implement and evaluate the effectiveness of culturally sensitive, structured educational sessions for Hispanic American HIV-infected patients seen in the outpatient setting using a two-group randomized design. This randomized intervention study will seek to determine whether or not structured educational sessions improve outcomes of HIV infected patients.

The sessions will be conducted in the primary language of the participants and will be given by an educator who is fluent or native of that language. The session will be interactive and will include the following: (1) HIV Care Basics, (2) HIV Treatments, and (3) Antiretroviral Therapy Basics.

**Status:** This project is awarded under the Hispanic Health Services Research. The project is scheduled to end in May 2007. ■

#### Empirical Analysis of a New Payment System

**Project No:** 500-00-0032/10  
**Project Officer:** Ann Meadow  
**Period:** September 2004 to June 2007  
**Funding:** \$878,503  
**Principal Investigator:** Marian Wrobel, Ph.D.  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
55 Wheeler Street  
Cambridge, MA 02138-1168

**Description:** The project will provide evidence about how the Medicare home health benefit is operating under PPS. Information and analysis of various payment adjustments included in the home health PPS are intended to provide a basis for evaluating possible refinement options affecting features of the home health PPS design. The project will also develop background information to enable agency staff and policymakers to understand agencies' financial performance and patterns of care under PPS for various groups of agencies and patients.

**Status:** The project has produced detailed Kume trend analyses of the frequencies of payment adjustments; analyses of utilization patterns and impacts of various payment adjustments; analysis of HHA margins; and simulations of selected modifications to the payment system. Results were discussed at several meetings of a home health prospective payment system (HHPPS) Technical Expert Panel in late 2005 and early 2006. ■

#### End Stage Renal Disease (ESRD) Managed Care Demonstration: Health Options

**Project No:** 95-C-90692/04  
**Project Officer:** Siddhartha Mazumdar  
**Period:** September 1996 to December 2005  
**Funding:** \$0  
**Principal Investigator:** Jeremy Ginder  
**Award:** Cooperative Agreement  
**Awardee:** Advanced Renal Options  
8400 NW 33rd St, 4th. Floor  
Miami, FL 33122

**Description:** The original demonstration program, Advanced Renal Options, tested whether open enrollment of End Stage Renal Disease (ESRD) patients in managed care was feasible with a capitation rate adjusted for age, treatment status, and cause of renal failure, and additional payment made for extra benefits.

**Status:** As of December 2004, there were 228 beneficiaries enrolled. Data collection for evaluation purposes ended May 31, 2001, at the conclusion of the mandated 3-year period, and the evaluation report is due May 2002. Waivers were renewed for the period June 1, 2001 through December 31, 2002 for residual demonstration enrollees to continue to receive the extra benefits, with CMS paying an unadjusted capitation rate based on the demonstration rate. Waivers were renewed again for the period January 1, 2003 through December 31, 2005. The project ended December 31, 2005. ■

#### Environmental Scan for Selective Contracting Practices with Efficient (Qualified) Physicians and Physician Group Practices; Profiling Techniques; Incentive Payments and Barriers to Selective Contracting

**Project No:** 500-00-0030/01  
**Project Officer:** Jesse Levy  
**Period:** September 2001 to December 2006  
**Funding:** \$493,774  
**Principal Investigator:** Gregory Pope  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (MA)  
411 Waverley Oaks Road, Suite 330  
Waltham, MA 02452-8414

**Description:** This project undertakes an environmental scan of physician service payers/employers to identify (a) recent fee-for-service payer and managed care plan selective contracting arrangements with efficient/high quality physicians and physician-group practices; (b) best practice profiling methodology/criteria used in selective contracting including financial profiling; (c) barriers to selective contracting such as "any-willing-provider" or "freedom-of-choice" laws; and (d) bonus arrangements being paid to high quality physicians. Descriptive and qualitative analyses based on this environmental scan should lead to a recommendation of best practice profiling criteria that identify efficient and qualified physicians and group-practices. Quantitative analyses estimate current Medicare (Part B) physician expenditures and simulate possible program savings (losses) from alternative selective contracting policies based on best industry practice found in the environmental scan. The use of physician profiling

(quality and economic) by payers and employers in evaluating physicians for the purposes of staff appointment, reappointment and/or selective contracting has been suggested as an accepted industry practice that would modernize Medicare payment practices. In addition, the use of bonus payments to efficient and high quality physicians to keep Medicare program costs down and quality of service up is cited as another industry practice appropriate for modernization of Medicare. Quantitative analyses were also performed pertaining to physician profiling for echocardiograms, MRIs, and CT scans.

**Status:** The contractor is writing the Phase 2 report. ■

### ESRD Capitation Demonstration, Evaluation

**Project No:** 500-95-0059/03  
**Project Officer:** Joel Greer  
**Period:** August 1997 to September 2006  
**Funding:** \$2,442,533  
**Principal Investigator:** Robert Rubin  
**Award:** Task Order  
**Awardee:** Lewin Group  
 3130 Fairview Park Drive, Suite 800  
 Falls Church, VA 22042

**Description:** The project uses survey, claims, and medical records data to evaluate the efficacy and cost-effectiveness of permitting Medicare beneficiaries with End Stage Renal Disease (ESRD) to enroll in managed care.

**Status:** Completed preliminary analyses and a draft report is with CMS. ■

### Establishing PACE (Program of All-inclusive Care for the Elderly) in Rural Vermont

**Project No:** 18-P-93116/1-01  
**Project Officer:** Jean Close  
**Period:** September 2005 to February 2007  
**Funding:** \$744,000  
**Principal Investigator:** Elizabeth Davis  
**Award:** Grant  
**Awardee:** PACE Vermont, Inc.  
 61 Fairmount Street  
 Burlington, VT 05401

**Description:** PACE was established through Congress as a permanent provider under Medicare in 1997. PACE programs provide and coordinate all needed preventive, primary, acute, and long-term care services for frail, vulnerable elders, so they may remain in the community as long as possible. PACE has been well-demonstrated as successful in urban areas. The goal of this project is to demonstrate and evaluate the feasibility of replicating the PACE model in a rural setting. This includes: careful documentation of the implementation experience; estimation of necessary start-up and operational costs; and collaboration with existing providers of long-term and acute care.

**Status:** In process. ■

### Evaluating the Use of Quality Indicators in the Long Term Care Survey Process

**Project No:** 500-96-0010/03  
**Project Officer:** Karen Schoeneman  
**Period:** September 1998 to May 2005  
**Funding:** \$3,934,228  
**Principal Investigator:** David Zimmerman  
 Andrew Kramer  
 Angela Greene  
**Award:** Task Order  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis  
 Road  
 Research Triangle Park, NC 27709-2194

**Description:** This contract, in its final stage, has developed and tested a significant revision to the nursing home survey process. By using large, random samples, the contractor will develop a set of quality of care indicators and a custom software system that draws data from CMS's database and information from surveyors' observations, conduct interviews, and record reviews to aid surveyors in their identification and investigation of issues of concern.

**Status:** This contract was successfully completed in May 2005. The prototype survey process that it developed is now in process of a 5-State demonstration and evaluation through other contract procurements. The contractor will deliver the final procedures, training manual, and software, as well as a final report. CMS expects to pilot test the survey revision, called the Quality Indicators Survey (QIS), with State surveyors, while conducting an evaluation of the QIS in terms both of effectiveness and time/costs. ■

## Evaluation and Support of System Change Grants

<b>Project No:</b>	HHSM-500-2004-000161
<b>Project Officer:</b>	Marybeth Ribar
<b>Period:</b>	September 2004 to March 2009
<b>Funding:</b>	\$1,496,495
<b>Principal Investigator:</b>	Janet O'Keefe Edith Walsh
<b>Award:</b>	Contract
<b>Awardee:</b>	Research Triangle Institute, (NC) PO Box 12194, 3040 Cornwallis Road Research Triangle Park, NC 27709-2194

**Description:** The purpose of this contract is to conduct formative and summative research and evaluation of 2004 Real Choice Systems Change Grants including Comprehensive Family to Family, Housing, Life Accounts, Mental Health System Transformation, Portals from EPDST to Adult Supports, Rebalancing, and Quality Assurance and Quality Improvement in Home and Community based services.

**Status:** A compendium of all RCSC Grants awarded from 2001 through 2005 has been completed. Review of semi-annual reports will be done in June. Topics for more in-depth analysis will be chosen and begun in 2006. ■

## Evaluation and Testing of the Nursing Home Quality Initiative (NHQI), and the Home Health Quality Initiative (HHQI)

<b>Project No:</b>	500-00-0032/11
<b>Project Officer:</b>	Phyllis Nagy
<b>Period:</b>	September 2004 to November 2006
<b>Funding:</b>	\$608,920
<b>Principal Investigator:</b>	Henry Goldberg
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Abt Associates, Inc. 55 Wheeler Street Cambridge, MA 02138-1168

**Description:** The purpose is to evaluate and test components of two CMS quality initiatives - Nursing Home Compare and Home Health Compare. This project was implemented to assist information intermediaries and (ultimately) consumers in their efforts to make informed choices. It is anticipated that such choices will be enabled via familiarization with data about the quality

of care rendered by nursing homes and home health agencies.

**Status:** The project was awarded in September 2004. Research plans and sampling/data collection strategies for consumer surveys are currently being developed. Home health agency surveys have been completed and data analysis is in progress. Additional Home Health Compare Spanish language testing is currently underway. ■

## Evaluation of Balanced Budget Act (BBA) Impacts on Medicare Delivery and Utilization of Inpatient and Outpatient Rehabilitation Therapy Services

<b>Project No:</b>	500-00-0030/02
<b>Project Officer:</b>	Philip Cotterill
<b>Period:</b>	September 2001 to May 2007
<b>Funding:</b>	\$1,028,631
<b>Principal Investigator:</b>	Barbara Gage
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Research Triangle Institute, (MA) 411 Waverley Oaks Road, Suite 330 Waltham, MA 02452-8414

**Description:** This project studies the impact of the Balanced Budget Act of 1997 (BBA) on the delivery and utilization of inpatient and outpatient rehabilitation therapy services to Medicare beneficiaries. Many of the BBA changes, some already implemented and others still under development, directly affect payment for rehabilitation therapy services. These policies include per beneficiary therapy limits applicable to certain outpatient settings, skilled nursing facility prospective payment system, home health agency prospective payment system, inpatient rehabilitation facility prospective payment system, long-term care hospital prospective payment system, and outpatient therapy prospective payment system. This project will study the period 2000 to 2003 and will study changes in beneficiary access and utilization of therapy services across all these settings with special attention to changes in one or more settings that follow a payment change in another setting.

**Status:** This is a continuation and extension of previous work, "Medicare Post-Acute Care: Evaluation of BBA Payment Policies and Related Changes" (contract number 500-96-0006/04), which covered the period 1996 to 1999. The final report, expected by September 2006, will comprise five separate reports: a report on changes in the use of post-acute providers over the period 1996 to 2004; an analysis of changes in post-acute episodes,

1996 to 2004, that contains separate models of inpatient and ambulatory post-acute use; an analysis of changes in the use of inpatient rehabilitation facilities (IRFs), 2000 to 2004; an analysis that attempts to develop patient condition and severity level measures that can be used to differentiate IRFs; and a report on changes in types of providers of rehabilitation services. ■

### Evaluation of Capitated Disease Management Demonstration

**Project No:** 500-00-0033/03  
**Project Officer:** James Hawthorne  
**Period:** September 2003 to September 2007  
**Funding:** \$881,200  
**Principal Investigator:** Robert Schmitz  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research, (Princeton)  
 600 Alexander Park, PO Box 2393  
 Princeton, NJ 08543-2393

**Description:** The purpose of this project is to evaluate the effectiveness of Medicare Capitated Disease Management Demonstration for beneficiaries with chronic medical conditions such as stroke, congestive heart failure, and diabetes; people who receive both Medicare and Medicaid (Dual Eligibles); or frail elderly patients that would benefit from a greater coordination of services.

This demonstration uses disease management interventions and payment for services based on full capitation with risk sharing options to: (1) improve the quality of services furnished to specific eligible beneficiaries, including the dual eligible and frail elderly; (2) manage expenditures under Part A and Part B of the Medicare program; and (3) encourage the formation of specialty plans that market directly to Medicare's sickest beneficiaries.

**Status:** The Capitated Disease Management demonstration was not implemented and the evaluation project was terminated. ■

### Evaluation of Competitive Acquisition Program for Part B Drugs

**Project No:** 500-00-0024/0024  
**Project Officer:** Jesse Levy  
**Period:** September 2005 to December 2008  
**Funding:** \$1,159,313  
**Principal Investigator:** Richard Strowd  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The purpose of this task is to provide evaluative information about a new component of the Medicare program. Section 303(d) of the 2003 Medicare Prescription Drug, Improvement, and Modernization Act (Public Law 108-173) establishes a competitive acquisition program (CAP) for Medicare Part B-covered drugs and biologicals. The CAP is intended to be an alternative to the Medicare Average Sales Price methodology adopted under Section 303(c), which was instituted in January 2005. Under CAP, a physician does not buy drugs and biologicals for reimbursement at the ASP payment allowance limit, but instead receives them from a vendor who has won a drug supplier contract through a competitive bidding process. This task order consists of two phases, both phases have been funded.

**Status:** The project is underway. ■

### Evaluation of Competitive Bidding Demonstration for DME and POS

**Project No:** 500-95-0061/03  
**Project Officer:** Ann Meadow  
**Period:** September 1998 to December 2005  
**Funding:** \$2,315,249  
**Principal Investigator:** Sarita Karon, Ph.D.  
**Award:** Thomas J. Hoerger, Ph.D.  
**Awardee:** Task Order  
 University of Wisconsin - Madison  
 750 University Avenue  
 Madison, WI 53706

**Description:** In 1999 the Agency mounted a demonstration to test the feasibility and effectiveness of establishing Medicare fees for durable medical equipment (DME) and prosthetics, prosthetic devices, orthotics, and supplies (POS) through a competitive

bidding process. The fundamental objective of competitive bidding is to use marketplace competition to establish market-based prices and to select DME suppliers. The Balanced Budget Act of 1997 (BBA) authorized competitive bidding demonstrations for Part B services (except physician services), and the project was conducted under that authority. The initial site of the demonstration was Polk County, Florida. A second site, San Antonio, Texas, was added in 2000. Competitively-bid product categories in Polk were oxygen supplies and equipment, hospital beds, enteral nutrition, surgical dressings, and urological supplies. Product categories in Texas were oxygen supplies and equipment, hospital beds, manual wheelchairs, nebulizer drugs, and non-customized orthotics. Medicare contracts with winning suppliers in Polk County commenced in October 1999, and San Antonio contracts were scheduled to commence in February 2001.

Section 4319 of the BBA specifically mandated evaluation studies addressing competitive bidding impacts on expenditures, quality, access, and diversity of product selection. This task order studied these and other outcomes of the demonstration. The evaluation used several types of research designs, such as multiple time series analysis and pre-test/post-test comparisons.

**Status:** CMS released the final Report to Congress in October 2004 and added it to the CMS website. ■

#### **Evaluation of Demonstration of Competitive Bidding for Medicare Clinical Laboratory Services**

**Project No:** 500-00-0024/26  
**Project Officer:** Todd Caldis  
**Period:** September 2005 to September 2008  
**Funding:** \$653,985  
**Principal Investigator:** John Kautter  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis Road  
Research Triangle Park, NC 27709-2194

**Description:** Section 302(b) of The Medicare Modernization Act of 2003 (Public Law 108-173) (MMA) requires CMS to test competitive bidding for clinical laboratory services under a demonstration project. The demonstration, currently in the design state, is to cover laboratory services otherwise payable

under the Medicare Part B laboratory fee schedules; pathologist services under the Medicare Physician Fee Schedule are not included. The law requires a series of Reports to Congress on the demonstration, including an initial progress report on the design that is not part of the proposed Scope of Work. The purpose of this project is to provide information for two additional Reports to Congress on the progress and outcomes of the demonstration. The award under this task is expected to result in technical reports detailing findings for attachment to the Reports to Congress.

**Status:** Phases I and II have been exercised. ■

#### **Evaluation of Demonstration to Improve the Direct Service Community Workforce**

<b>Project No:</b>	500-00-0051/03
<b>Project Officer:</b>	Kathryn King
<b>Period:</b>	September 2003 to December 2006
<b>Funding:</b>	\$394,403
<b>Principal Investigator:</b>	
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Lewin Group 3130 Fairview Park Drive, Suite 800 Falls Church, VA 22042

**Description:** The purpose of this task order is to assist the 10 demonstration projects to develop a site-specific evaluation plan, develop a web-based reporting tool, develop an evaluation design for the National Demonstration Program, and develop a series of promising practices about the ability of the demos to improve the recruitment and retention of direct service workers. Information on this demonstration is available at [www.cms.hhs.gov/newfreedom/default.asp](http://www.cms.hhs.gov/newfreedom/default.asp).

**Status:** The Lewin Group completed all of the site-specific plans, developed the web-based reporting tool that allows the grantees to submit electronic quarterly reports to CMS, designed the evaluation design for the National Demonstration Program, produced a PROCESS EVALUATION of the 10 grantees, helped design a DSW Intensive & DSW Breakout session for the 2006 NFI Conference in April 2006, continues to provide evaluation assistance to grantees as their interventions evolve, and is completing two promising practices articles. ■

## Evaluation of End Stage Renal Disease (ESRD) Disease Management DM

**Project No:** 500-00-0028/02  
**Project Officer:** Joel Greer  
**Period:** September 2003 to September 2007  
**Funding:** \$1,052,629  
**Principal Investigator:** Frederich Port, M.D.  
**Award:** Task Order (RADSTO)  
**Awardee:** Arbor Research Collaborative for Health formerly known as URREA (University Renal Research and Education Association)  
315 West Huron, Suite 260  
Ann Arbor, MI 48103

**Description:** This Task Order is for an independent evaluation of the ESRD-DM Demonstration (DMD) that will examine case-mix, patient satisfaction, outcomes, quality of care, and costs and payments. The Request for Proposals for providers to participate in the DMD was published in the Federal Register on June 4, 2003. The DMD will enroll Medicare beneficiaries with ESRD into fully capitated ESRD disease management organizations. The evaluation contractor will work with the DM sites to collect and analyze data to measure clinical, quality of life, and economic outcomes. When the DM sites are selected, the evaluation team will work with them to design and implement data collection instruments and mechanisms.

**Status:** The evaluator is waiting for the DM sites to begin operation. ■

## Evaluation of Inpatient PPS Reform

**Project No:** HHS-500-2005-00025C  
**Project Officer:** Fred Thomas  
**Period:** August 2005 to April 2007  
**Funding:** \$247,048  
**Principal Investigator:** Richard Averill  
**Award:** Contract  
**Awardee:** 3M-Health Information Systems  
100 Barnes Road  
Wallingford, CT 06492

**Description:** Section 507 of the MMA requires the Medicare Payment Advisory Commission (MedPAC) and the Secretary of the Department of Health and Human Services (HHS) to study physician-owned cardiac, surgery, and orthopedic specialty hospitals and to report the results of their studies to Congress. The

MedPAC study was delivered to Congress on March 8, 2005 and the HHS study was delivered on May 12, 2005. After consideration of the results of the studies, CMS stated that it would assess methodological reforms related to payments for inpatient hospital services. Four reforms were identified by CMS for evaluation in the recommendations section to the Section 507(c) study. This contract will evaluate the four reforms: 1) Refine DRGs to more fully capture differences in severity of illness; 2) Base DRG weights on estimated cost of providing care; 3) Base DRG weights on national average of hospitals' relative values in each DRG; and 4) Adjust DRG weights to account for differences in prevalence of high-cost outlier cases.

**Status:** The final report is being reviewed for publication. ■

## Evaluation of Low Vision Rehabilitation Demonstration (LVRD)

**Project No:** 500-00-0031/06  
**Project Officer:** Joel Greer  
**Period:** September 2005 to February 2007  
**Funding:** \$499,582  
**Principal Investigator:** Christine Bishop  
**Award:** Task Order (RADSTO)  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
415 South Street, P.O. Box 9110  
Waltham, MA 02254-9110

**Description:** This Task Order is to conduct an evaluation of the Centers for Medicare and Medicaid Service's (CMS's) Low Vision Rehabilitation Demonstration (LVRD). The contractor will be required to design and conduct the evaluation of the demonstration. The evaluation will include both qualitative and quantitative assessments. The qualitative part will examine issues pertaining to the implementation and operational experiences of the patients, practitioners and the government. Data sources are likely to include surveys for patient data and site visits and focus groups for provider data. For the quantitative analyses the main data source will be CMS administrative and billing data files. The contractor will be required to conduct various statistical analyses, using individual level data, to examine issues related to quality of care and impacts on the use and costs of services.

**Status:** The project is underway. ■

### Evaluation of Medicare Advantage Special Needs Plans

**Project No:** 500-00-0033/13  
**Project Officer:** James Hawthorne  
**Period:** September 2005 to September 2007  
**Funding:** \$955,970  
**Principal Investigator:** Robert Schmitz  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research, (Princeton)  
600 Alexander Park, PO Box 2393 Princeton, NJ 08543-2393

**Description:** Section 231 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, (PL 108-173), more commonly known as the Medicare Modernization Act (MMA), amended section 1859(b) of the Social Security Act allowing the creation of Medicare Advantage Special Needs Plans (SNPs) to serve individuals with special needs. The purpose of this task order is to examine the implementation and operational experiences of the participating organizations. The evaluation shall include an assessment of the quality of services provided to enrollees by special needs plans (SNPs) and the costs and savings to the Medicare program for care provided to enrollees in SNPs compared to enrollees in other settings such as regular MA plans, chronic care improvement programs, and private fee-for-service plans. A major component of the evaluation will be detailed case studies of the SNP plans. It will also include statistical analyses of secondary data to fully characterize the special needs populations being served and the quality, cost, and effectiveness of the services provided by SNPs. The case studies will require site visits to a representative sample of SNPs as well as interviews with appropriate State Medicaid officials.

**Status:** As of May 2006, the design for the evaluation has been finalized and the contractor is scheduling site visits, focus groups, and interviews with State Medicaid officials. ■

### Evaluation of Medicare Health Care Quality Demonstrations

**Project No:** 500-00-0024/22  
**Project Officer:** David Bott  
**Period:** September 2005 to September 2007  
**Funding:** \$560,425  
**Principal Investigator:** Shulamit Bernard  
**Award:** Michael Trisolini  
**Awardee:** Task Order (RADSTO)  
Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis Road  
Research Triangle Park, NC 27709-2194

**Description:** The Contractor is required to design and conduct an independent evaluation of the Medicare Health Care Quality (MHCQ) Demonstration Projects. The evaluation will include an assessment of each demonstration project approved by the Secretary with respect to Medicare expenditures, beneficiary and provider satisfaction, and health care delivery quality and outcomes.

**Status:** The project is underway. ■

### Evaluation of Medicare Prescription Drug Discount Card and Transitional Assistance: Stakeholder Analysis

**Project No:** 500-00-0032/08  
**Project Officer:** Noemi Rudolph  
**Period:** June 2004 to June 2006  
**Funding:** \$742,082  
**Principal Investigator:** Marian Wrobel, Ph.D.  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
55 Wheeler Street  
Cambridge, MA 02138-1168

**Description:** This evaluation will focus on the impact of the Medicare Prescription Drug Discount Card and Transitional Assistance Program on stakeholders including but not limited to drug card sponsors, pharmacies, drug manufacturers, and States. Qualitative data from these stakeholder groups regarding their experiences, successes, challenges, motivations, and satisfaction under the program will be collected through interviews and site visits. The contract will be conducted in two phases: Phase 1 - early implementation, and Phase 2 - experienced implementation, functions in

local communities and will include focus groups with pharmacists.

**Status:** The report for Phase I is available at <http://www.cms.hhs.gov/reports/downloads/wrobel2.pdf> on the CMS Web site. The report for Phase II was finalized and completed in June 2006. ■

### **Evaluation of MMA Changes on Dual Eligible Beneficiaries in Demo and Other Managed Care and Fee-For-Service Arrangements, An**

**Project No:** 500-00-0031/03  
**Project Officer:** William Clark  
**Period:** September 2004 to September 2007  
**Funding:** \$467,815  
**Principal Investigator:** Christine Bishop  
**Award:** Task Order (RADSTO)  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
415 South Street, P.O. Box 9110  
Waltham, MA 02254-9110

**Description:** This project is an evaluation of the Medicare Modernization Act's changes on beneficiaries in dual eligible Medicare Advantage Special Needs Plans demonstrations that also contract for comprehensive Medicaid benefits. Phase II will examine the transition of pharmacy benefits from Medicaid to Medicare under Medicare Part D.

**Status:** The contractor has conducted demonstration site visits and is preparing a report on the delivery of integrated care demonstration characteristics. Phase II is planned to commence in 2006. ■

### **Evaluation of MMA Section 702 Demonstration: Clarifying the Definition of Homebound**

**Project No:** 500-00-0033/06  
**Project Officer:** Ann Meadow  
**Period:** January 2005 to October 2007  
**Funding:** \$639,859  
**Principal Investigator:** Valerie Cheh  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research, (Princeton)  
600 Alexander Park, PO Box 2393  
Princeton, NJ 08543-2393

**Description:** This project supports a congressionally mandated evaluation of a demonstration required under the 2003 Medicare Modernization Act. Section 702, "Demonstration Project to Clarify the Definition of Homebound," requires the Secretary of Health and Human Services to conduct a 2-year demonstration to test the effect of deeming certain beneficiaries homebound for purposes of meeting the Medicare home health benefit eligibility requirement that the patient be homebound. Under the law, the demonstration is to be conducted in 3 States (representing Northeast, Midwestern, western regions), with an overall participation limit of 15,000 persons.

Section 702 requires the Secretary to collect data on effects of the demonstration on quality of care, patient outcomes, and any additional costs to Medicare. A report to the Congress addressing the results of the project is to specifically assess any adverse effects on the provision of home health services, and any increase (absolute and relative) in Medicare home health expenditures directly attributable to the demonstration. The Report is also to include recommendations to exempt permanently and severely disabled homebound beneficiaries from restrictions on the length, frequency, and purposes of absences from the home to qualify for home health services without incurring additional costs to the Medicare program. The purpose of the evaluation project is to develop the information Congress seeks, to produce a technical evaluation report to accompany the Report to Congress, and to provide CMS with a sound basis for making the mandated recommendations.

**Status:** The contractor developed a beneficiary survey and conducted site visits and other qualitative data collection. The survey has not been administered due to low enrollment in the demonstration. The project plan has been modified to address selected research questions, including several that can be answered using information from home health agencies in the demonstration States. An agency survey form developed by the contractor is in Paperwork Reduction Act clearance. ■

## Evaluation of National DMEPOS Competitive Bidding Program

**Project No:** 500-00-0032/14  
**Project Officer:** Ann Meadow  
**Period:** September 2005 to July 2009  
**Funding:** \$1,979,000  
**Principal Investigator:** Debra Frankel  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** Section 302(b) of The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173) (MMA) requires the Centers for Medicare and Medicaid Services (CMS) to begin in 2007 a program of competitive bidding for durable medical equipment (DME), supplies, certain orthotics, and enteral nutrients and related equipment and supplies in 10 Competitive Acquisition Areas (CAAs). MMA Section 303(d) requires a Report to Congress on the program by July 2009. This project's purpose is to provide information for the Report to Congress on access to and quality of DME, beneficiary satisfaction with DME items and services, program expenditures, and impacts on beneficiary cost-sharing. Data collection activities include beneficiary and supplier surveys, focus groups with suppliers and referral agents, and key informant discussions with beneficiary groups or advocates, CMS officials or CMS's bidding contract managers, referral agents and suppliers.

**Status:** The contractor convened a Technical Expert Panel to assist in developing two key elements of the evaluation design, the beneficiary and supplier surveys. After the survey forms were finalized, CMS issued the project's Paperwork Reduction Act package on the entire data collection plan for public comment in June 2006. The contractor has also delivered draft and revised versions of the work plan and design report. Detailed planning for fielding the surveys is currently underway. ■

## Evaluation of New Jersey Hospital Association Demonstration of Performance Based Incentives

**Project No:** 500-95-0048/07  
**Project Officer:** Melvin Ingber  
**Period:** September 2002 to September 2005  
**Funding:** \$498,104  
**Principal Investigator:** Gregory Pope  
**Award:** Steven Garfinkel  
**Awardee:** Task Order  
 Research Triangle Institute, (MA)  
 411 Waverley Oaks Road, Suite 330  
 Waltham, MA 02452-8414

**Description:** The purpose of this evaluation is to provide CMS with timely feedback on the implementation and operational experience of a Medicare demonstration project on performance-based incentives. A case study methodology will develop both qualitative and quantitative information to assess the strengths and weaknesses of the demonstration.

**Status:** This project was formerly called "Evaluation of the Competitive Pricing Demonstration - Phase I." In April 2004, a permanent injunction was placed on the three-year project, which offered performance-based incentives to physicians who help their hospitals reduce inpatient costs. All deliverables have been received. This project is completed. ■

## Evaluation of Phase I of Voluntary Chronic Care Improvement

**Project No:** 500-00-0022/02  
**Project Officer:** Mary Kapp  
**Period:** September 2004 to September 2010  
**Funding:** \$2,662,583  
**Principal Investigator:** Nancy McCall  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The purpose of this project is to independently evaluate chronic care improvement programs implemented under the developmental phase (Phase I) of the Voluntary Chronic Care Improvement Under Traditional Fee-for-Service Medicare initiative as authorized by Section 721 of the Medicare Prescription

Drug, Improvement, and Modernization Act of 2003 (Pub.Law 108-173).

**Status:** The project is underway. ■

### **Evaluation of Pilot Program for National State Background Checks on Direct Patient Access Employees of Long-Term Care Facilities or Providers**

**Project No:** 500-00-0015/03  
**Project Officer:** Beth Benedict  
**Period:** September 2005 to September 2010  
**Funding:** \$999,938  
**Principal Investigator:** Alan White  
**Award:** Task Order  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** The purpose of this task order will be to conduct an evaluation of the Background Check Pilot Program, authorized under Section 307 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173) to “identify efficient, effective and economical procedures for long term care facilities or providers to conduct background checks on prospective direct patient access employees.” This Task Order has been fully funded.

**Status:** A task order to conduct the evaluation was awarded to Abt Associates, Inc. in September 2005. ■

### **Evaluation of Private Fee-for-Service Plans in the Medicare Advantage (Former Medicare+Choice) Program**

**Project No:** 500-00-0032/02  
**Project Officer:** Nancy Zhang  
**Period:** September 2001 to February 2005  
**Funding:** \$1,407,867  
**Principal Investigator:** David Kidder  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** The purpose of this project is to evaluate the new private fee-for-service option available under the Medicare Advantage (former Medicare+Choice)

Program. The evaluation uses a combination of primary and secondary data sources to evaluate the effects of the option on beneficiaries and the program. Primary data has been collected through site visits to participating plans, telephone interview of stakeholders, and beneficiary surveys. Analytic issues to be addressed in the evaluation can be grouped into three broad categories: (1) beneficiary analyses (enrollment, beneficiary experiences with the plan, utilization); (2) Medicare Program impacts; and (3) plan and provider impacts (market, program administration, participation, etc.).

**Status:** The project ended in February 2005. The final report was submitted. ■

### **Evaluation of Programs of Coordinated Care and Disease Management**

**Project No:** 500-95-0047/09  
**Project Officer:** Carol Magee  
**Period:** September 2000 to March 2008  
**Funding:** \$4,032,922  
**Principal Investigator:** Randall S. Brown, Ph.D.  
**Award:** Task Order  
**Awardee:** Mathematica Policy Research, (DC)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** This 5-year evaluation project will describe and assess sixteen

congressionally-mandated Medicare Coordinated Care Demonstration Programs, each providing a particular set of coordinated care interventions to fee-for-service (FFS) Medicare beneficiaries with one or more selected chronic illnesses (e.g., Diabetes, Chronic Obstructive Pulmonary Disease, Asthma, Hypertension, Hyperlipidemia, Stroke, Renal or Hepatic Disease, Coronary Artery Disease, Cancer). Demonstration of the effectiveness of programs of care coordination or management has historically been complicated by wide variations in program staff, funding mechanisms, interventions, and stated goals. The Balanced Budget Act of 1997 mandated demonstrations in separate program sites to implement approaches to coordinated care of chronic illnesses, along with an independent evaluation, for CMS to investigate the potential of care coordination and/or case management to improve care quality and control costs in the Medicare FFS Program. An evaluation of best practices in coordinated care and a study of demonstration design options were conducted.

The 16 CMS-funded demonstration programs being studied as a part of this evaluation vary widely with respect to the demographics, medical, and social situations of the target population, intensity of services offered, interventions under study, type(s) of health care professionals delivering the interventions, and other factors. Each demonstration program has a randomized design, with a treatment arm and a 'usual care' arm. The evaluation can thus test each unique program's effects upon patient outcome(s)/well-being, patient satisfaction, provider behavior and satisfaction, and Medicare claims - attributable to particular methods of managing care in the FFS Medicare environment, and as compared to the respective "usual care," non-intervention patient group.

The overall goals of this evaluation are to identify those characteristics of the programs of coordinated care under study that have the greatest impact on health care quality and cost and to identify the target populations most likely to benefit from such programs. In addition to analysis plans specific to each program/site, the evaluation contractor will conduct a process analysis to describe the interventions in detail, with a key goal of assessing what factors account for program success or failure. The study will include successive case studies of each of the 16 sites, interim and final site specific reports, two interim summary reports, two

**Status:** Subsequent to receiving the Office of Management and Budget approval, the evaluation contractor held initial conference calls and then visited the majority of the 16 Demonstration sites over 2 years to amass data concerning their programs as actually implemented at 3 months into the demonstrations and their status as of 12 months post-startup. A number of these individual site reports have been completed and are available from the evaluation project officer. The First Interim Summary report and the First Report to Congress (RTC) have just been completed. The First RTC has been released and is available. There is wide disparity in the enrollment success of the various sites, and locating and convincing patients to enroll has been harder overall than anticipated. The first of two waves of patient satisfaction interviews ( $n=3,315$ ) was completed in October for patients 7 to 12 months following their respective enrollment. Similarly, the first of two waves of physician provider interviews ( $n=350$ ) was completed in October 2004.

In the spring of 2005, both the random patient survey (two waves) covering the majority (larger) of the sites, as well as the random physician survey, have been completed and data are being analyzed. The second round of individual site reports (16) has just been completed, covering implementation and patient data through approximately the first 12-months of operation.

All sites have been interviewed and data has been collected covering the second year (months 13 - 24) of operation. Individual site reports will be provided to CMS, throughout March, April, and May 2005. A draft of a second (biennial) Report to Congress, synthesizing the experiences of the widely varying programs, will be prepared and submitted to CMS in summer of 2005. A second contract modification (5/05) has extended the period of performance through 9/07 and includes a Third RTC.

In the Spring of 2006, a third modification is being finalized to add money to the contract, to cover the beyond-anticipated costs of preparing the extensive RTCs for this very expansive project entailing 15 complex and varying programs. The drafted Second RTC (which was put into circulation in Fall 2005) has just had requested changes made to the cover memo with no changes needed to the RTC itself, and the Second RTC package is being submitted on 5-23-06 for requisite re-circulation. The Third RTC will be due to CMS in 9/07. ■

#### Evaluation of Programs of Disease Management (Phase I and Phase II)

<b>Project No:</b>	500-00-0033/02
<b>Project Officer:</b>	Lorraine Johnson
<b>Period:</b>	September 2002 to October 2008
<b>Funding:</b>	\$2,183,308
<b>Principal Investigator:</b>	Randall S. Brown, Ph.D.
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Mathematica Policy Research, (DC) 600 Maryland Avenue, SW, Suite 550 Washington, DC 20024-2512

**Description:** The objective of the evaluation is to assess the effectiveness of disease management programs for serious chronic medical conditions, such as advanced stage diabetes and congestive heart failure. Although the participating demonstration sites may also vary by classification of disease severity, the availability of a pharmacy benefit, population targeted, scope of patient care covered, type of comparison group and other factors, they will have in common the goal of improving quality and reducing cost of health care received by chronically ill Medicare beneficiaries through specific services targeted to the management of a particular medical condition. The evaluation will assess the effectiveness of the disease management programs in improving quality and health outcomes and reducing costs.

**Status:** The project is underway. ■

### Evaluation of the Beneficiary Impact of the Medicare-approved Prescription Drug Discount Card Program

**Project No:** GS-10F-0086K  
**Project Officer:** Gerald Riley  
**Period:** April 2004 to June 2006  
**Funding:** \$1,722,954  
**Principal Investigator:** Andrea Hassol  
**Award:** GSA Order  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** CMS is sponsoring a comprehensive evaluation of the beneficiary impact of the prescription drug discount card and transitional assistance program. The evaluation will focus on beneficiary knowledge and understanding of discount cards; their experiences with and ratings of card sponsors; and savings in prescription drug costs. Understanding how beneficiaries react to the design, implementation, and operation of the drug discount card program will be essential to ensuring the successful implementation of a Part D drug benefit that will be administered by private plans.

The contractor will be responsible for the analysis of both primary data collected via surveys and focus groups and secondary data assembled from information reported by endorsed sponsors in addition to CMS administrative data. The contractor will prepare a report on the implication of experiences and findings from both the enrollee survey and the focus groups for the development of beneficiary satisfaction surveys for Part D drug benefit plans. The final report for the project is due in June 2006.

**Status:** Two rounds of focus groups were conducted, involving drug card enrollees and nonenrollees. Two rounds of mail surveys were also conducted with drug card enrollees. Analysis of administrative data focused on enrollment trends and patterns.

An interim report on findings from the focus groups and the first survey round was placed on the CMS web site in 2005. A draft final report was received in early 2006 and is under review. ■

### Evaluation of the Cancer Prevention and Treatment Demonstration

**Project No:** 500-00-0024/27  
**Project Officer:** Arthur Meltzer  
**Period:** September 2005 to September 2009  
**Funding:** \$1,061,486  
**Principal Investigator:** Janet Mitchell  
**Award:** Task Order  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The contractor will analyze the experience of the intervention group in each demonstration site compared to the relevant comparison group and to the relevant Medicare population-at-large by addressing such issues as the elimination or reduction of disparities in cancer screening rates, timely facilitation of diagnostic testing, timely facilitation of appropriate treatment modalities, use of health services, the cost-effectiveness of each demonstration project, the quality of services provided, and beneficiary and provider (e.g., patient navigators/case managers/treatment facilitators as well as clinical staff) satisfaction. Six demonstration sites have received awards (Baltimore, Detroit, Hawaii, Houston, Newark, and a Rocky Mountain location). The task order contract will be funded in four, one-year phases: Phase One (September 30, 2005 - September 29, 2006); Phase Two (September 30, 2006 - September 29, 2007); Phase Three (September 30, 2007 - September 29, 2008); and Phase Four (September 30, 2008 - September 29, 2009). Phase I and Phase II are currently funded.

**Status:** Enrollment in the demonstration was on schedule to begin July 1, 2006. ■

### Evaluation of the Demonstration of Coverage of Chiropractic Services Under Medicare

**Project No:** 500-00-0031/07  
**Project Officer:** Carol Magee  
**Period:** September 2005 to September 2007  
**Funding:** \$1,181,141  
**Principal Investigator:** William B. Stason  
**Award:** Task Order

**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
415 South Street, P.O. Box 9110  
Waltham, MA 02254-9110

**Description:** This Task Order is to assess the feasibility and advisability of expanding the coverage of chiropractic services under the Medicare program. The evaluation shall be conducted to: 1) Determine whether diagnostically 'eligible' beneficiaries who avail themselves of the expanded chiropractic services within the four demonstration treatment regions (i.e., 'users') utilize relatively lower or higher amounts of items and services for which payment is made under the Medicare program, than do comparison beneficiaries with approved NMS diagnoses treated medically within the respective control regions; 2) Determine the regional, overall, and service-specific costs for such expansion of chiropractic services under the Medicare program; 3) Ascertain the satisfaction, perceived functional status, and concerns of eligible beneficiaries receiving remibursable chiropractic services in the treatment regions; 4) Determine the quality fo the expanded chiropractic care received, based upon outcomes that can be derived from claims data; 5) Evaluate "...such other matters at the Secretary determines are appropriate...", which, within this contract, shall include determination of whether the demonstration achieved budget neutrality for the aggregate costs for beneficiaries with chiropractic-eligible NMS diagnoses, as well as the amount of any resultant savings or deficit to the Medicare program.

Seven months into the Evaluation contract, Brandeis had completed site visits/interviews with the four demonstration regional CMS claims carriers, as well as with the respective American Chiropractic Association chapters. The OMB package for the proposed mailed satisfaction survey of 2,000 beneficiary recipients of expanded chiropractic services across the 4 demo. regions was put into the 6-month review circulation for OMB approval in 2/06. OACT has just reviewed and approved, without revision, the contractor's proposal for the budget neutrality determination, as contained within the drafted Design Report. Currently underway is finalization of plans for impending selection of the 4 control regions and for the analysis of Medicare Claims data.

**Status:** The project is underway. ■

**Evaluation of the Demonstration to Maintain Independence and Employment (DMIE) and Other Related Disease-Specific 1115 Waiver Programs**

<b>Project No:</b>	500-00-0046/02
<b>Project Officer:</b>	Arthur Meltzer
<b>Period:</b>	September 2001 to August 2007
<b>Funding:</b>	\$2,211,678
<b>Principal Investigator:</b>	Susan Haber
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Research Triangle Institute, (MA) 411 Waverley Oaks Road, Suite 330 Waltham, MA 02452-8414

**Description:** This project evaluates several demonstrations providing supplemental Medicaid benefits to persons with HIV/AIDS who, in the absence of such benefits, may undergo a decline in functional status or be unable to gain employment or remain employed as a result of inadequate medical and ancillary care for their illness. The evaluations will assess the association between enhanced Medicaid eligibility and health care costs; changes in employment status, health status, and quality-of-life; and other factors. The demonstrations allow States to assist working individuals by providing the necessary benefits and services required for people to manage the progression of their conditions and remain employed and allow the Centers for Medicare & Medicaid Services to assess the impact of the provision of Medicaid benefits on extended productivity and increased quality of life. The demonstrations provide States the opportunity to evaluate whether providing such workers with early access to Medicaid services delays the progression to actual disability.

**Status:** Current enrollment in the District of Columbia (DC) Ticket-to-Work Demonstration is at its maximum (approximately 400 persons). An evaluation involving analysis of claims data and focus groups, to address the issues described in the above paragraph, is being conducted by the contractor. Enrollment in the DC 1115 program began in January 2005. Enrollment in the Mississippi Ticket-to-Work demonstration is below targeted levels and the evaluation has been scaled back.

A recent modification of the contract includes secondary data analyses meant to enhance the understanding of efforts to forestall progression to full disability status. ■

## Evaluation of the Dialysis Facility Compare Website

**Project No:** 500-00-0024/07  
**Project Officer:** Pam Frederick  
**Period:** September 2002 to September 2006  
**Funding:** \$1,524,768  
**Principal Investigator:** Michael Trisolini  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** This project will evaluate the usefulness of the quality and descriptive information on the Dialysis Facility Compare (DFC) Website for patients with End Stage Renal Disease (ESRD), families of patients with ESRD, ESRD professionals, members of the ESRD industry and other stakeholders. Testing and revisions to the website will continue and the testing and an addition of new quality measures is planned, as well as the marketing of the DFC website.

**Status:** The contract was extended to November 30, 2004 to allow for stakeholders' input and for development and testing of new information to be placed on the DFC Web site. The contract was extended again to July 31, 2006, and we continue to test and revise the DFC tool. Additional work has also been done to support the ESRD Quality Initiative. ■

## Evaluation of the Home and Community Based Waiver Program

**Project No:** 500-96-0005/03  
**Project Officer:** Susan Radke  
**Period:** September 1998 to September 2006  
**Funding:** \$3,387,017  
**Principal Investigator:** Lisa Maria Alecxih  
**Award:** Task Order  
**Awardee:** Lewin Group  
 3130 Fairview Park Drive, Suite 800  
 Falls Church, VA 22042

**Description:** The purpose of this project is to design and implement a study of the impact of Medicaid home and community based service (HCBS) programs on quality of life, quality of care, utilization, and cost. The scope of the study includes both Medicaid home- and community-based service waiver programs as well as other Medicaid

funded long-term care services. The research project will study the Medicaid financing and delivery of services to older and younger people with disabilities (A/D) in six States, and the Medicaid financing and delivery of services for individuals with mental retardation and developmental disabilities (MR/DD) in six other States. The goal of this research is to assist Federal and State policy makers in gaining further knowledge about: (1) how Medicaid HCBS program funds are currently used; (2) how policies affect costs, access to care, and quality of services; and (3) key program design features that are helpful to achieving cost-effective use of program services.

**Status:** The 12 State site visits in phase one of the study are completed. The reports were published and are located on the CMS and HCBS websites. Phase two is currently in progress.

The Office of Management and Budget (OMB) approved the Aged and Disabled HCBS recipient survey, which was fielded in 2004. The Lewin Group, Inc. and its subcontractors are currently analyzing the Aged/Disabled survey data and collecting corresponding MSIS data to link with the survey results. Various documents regarding the survey data are now published on the CMS website. The scope of work for this evaluation was amended on the MR/DD component of the study to utilize existing data from the National Core Indicators Project. Lewin and its subcontractors are currently analyzing the National Core Indicators Survey results and several documents regarding this analysis are currently published on the CMS website. The evaluation is set to terminate September 30, 2006. ■

## Evaluation of the Illinois and Wisconsin State Pharmacy Assistance Programs

**Project No:** 500-00-0031/02  
**Project Officer:** William Clark  
**Period:** September 2002 to March 2007  
**Funding:** \$1,199,885  
**Principal Investigator:** Donald Shepard  
**Award:** Task Order (RADSTO)  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
 415 South Street, P.O. Box 9110  
 Waltham, MA 02254-9110

**Description:** This evaluation examines two State pharmacy programs that have expanded Medicaid pharmacy coverage to low income residents otherwise

not Medicaid eligible. The goals of this project are to understand administrative issues regarding State-sponsored prescription drug benefit program and to estimate the cost effectiveness of providing prescription drug coverage to elderly beneficiaries. Specifically, it will conduct a descriptive evaluation, a cost-effectiveness analysis, and other analyses of specific aspects of the Illinois and Wisconsin pharmacy plus waiver demonstrations. The evaluation also provides an opportunity to assess pharmacy coverage for large numbers of Medicare beneficiaries as a precursor to Medicare prescription drug coverage, and changes in State programs that are made in adjusting to the new Medicare role.

**Status:** The study survey has been completed. It is now being merged with administrative data and a report is being prepared. ■

#### **Evaluation of the Impact on Beneficiaries of the Medicare+Choice Lock-in Provision**

**Project No:** 500-00-0037/04  
**Project Officer:** Mary Kapp  
**Period:** September 2001 to September 2004  
**Funding:** \$380,298  
**Principal Investigator:** Mary Laschober  
**Award:** Task Order (RADSTO)  
**Awardee:** Bearing Point  
1676 International Drive  
McLean, VA 22102-4828

**Description:** This project will explore the impact on Medicare beneficiaries of the lock-in provision of the Balanced Budget Act of 1997 (BBA). The lock-in provision places limits on the frequency, timing, and circumstances under which Medicare+Choice (M+C) enrollment elections can be made.

These changes will be phased in over a 2-year period beginning January 1, 2002. The purpose of this project is to: (1) examine the current (pre-lock-in) patterns of enrollment and disenrollment in M+C using existing CMS administrative data; (2) design a methodology to quantify the impact on Medicare beneficiaries of the lock-in provision; and (3) analyze the impact on beneficiaries of the first year of the lock-in provision.

**Status:** The project is completed. ■

#### **Evaluation of the Informatics, Telemedicine, and Education Demonstration - Phase I**

**Project No:** 500-95-0055/05  
**Project Officer:** Carol Magee  
**Period:** September 2000 to July 2005  
**Funding:** \$1,419,493  
**Principal Investigator:** Lorenzo Moreno  
Arnold Chen  
**Award:** Task Order  
**Awardee:** Urban Institute  
2100 M Street, NW  
Washington, DC 20037

**Description:** The Balanced Budget Act of 1997 mandates a single, 4-year demonstration project using an eligible health care provider telemedicine network. The demonstration involves the application of high-capacity computing and advanced telemedicine networks to the task of improvement of primary care and prevention of health complications in Medicare beneficiaries with diabetes mellitus. This project evaluates the impact of using telemedicine and medical informatics on improving access of Medicare beneficiaries to health care services, on reducing the costs of such services, and on improving the quality of life of beneficiaries. The Informatics, Telemedicine, and Education Demonstration project uses specially modified home computers, or home telemedicine units (HTU) linked to a Clinical Information System, and studies beneficiaries residing in medically under-served rural or medically under-served inner-city areas. The HTUs in patients homes allow video conferencing, access to health information and access to medical data, in both Spanish and English. The demonstration project is being conducted as a randomized, controlled clinical trial. Impact of the telemedicine intervention on health outcomes will be evaluated by comparing health outcome measures of the intervention group to a control group.

**Status:** As of March 2005, a draft of the upcoming Report to Congress (comprising the final report on Phase I, i.e., the first 4 years of the IDEATel demonstration) is under CMS review, expected to be submitted to Congress in Summer 2005. This Phase I evaluation contract ends in July 2005. (Note: Since the IDEATel demonstration has been extended by Congress for another 4 years, from February 2004 through February 2008 - for a total of 8 years duration for the demonstration - a second evaluation contract has been awarded to the contractor that performed all of the work for this Phase I evaluation. That additional 4-year evaluation contract, covering the Phase II years 5 through 8 of IDEATel, as well as summarizing the demonstration's entire 8 years, is listed separately as contract # 500-2004-00022C.)

This contract ended as planned in July 2005, covering the evaluation of Phase I (i.e., the initial 4 of the 8 years of the IDEATel demonstration). Phase II of this Evaluation, of IDEATel's years 5-8, was awarded as a sole-source contract to MPR in September 2004 (Contract # 500-2004-00022C). ■

### Evaluation of the Informatics, Telemedicine, and Education Demo - Phase II

**Project No:** HHSN-500-2004-00022C  
**Project Officer:** Carol Magee  
**Period:** September 2004 to September 2008  
**Funding:** \$970,711  
**Principal Investigator:** Lorenzo Moreno  
 Arnold Chen  
**Award:** Contract  
**Awardee:** Mathematica Policy Research, (Princeton)  
 600 Alexander Park, PO Box 2393 Princeton, NJ 08543-2393

**Description:** This contract for a second 4-year evaluation (Phase II, 2004 - 2008) of the IDEATel telemedicine diabetes demonstration (both of which were extended by the MMA 2003 into a Phase II, covering an additional 4 years) is essentially a follow-up of the evaluation done during Phase I of IDEATel, 2000 - 2004 (under the BBA 1997). Please refer to the Phase I evaluation contract (# 500-95-0055, TO 5) for background information.

This Phase II evaluation will not only cover the 4 years of IDEATel's Phase II progress and outcomes between 2004 and 2008, but will also provide summary evaluation results across the entire 8 years of the demonstration's existence.

**Status:** This Phase II evaluation project is well underway. The first round of Phase II on-site interviews has been completed in New York with key demonstration personnel, including nurse case-managers as well as mid- and top-level administrative, technical, and medical/scientific project staff. These interviews have identified key changes made for Phase II in the technology of the intervention (i.e., the appearance and function of the Home Telemedicine Units in treatment patients' homes). Additional enrollees will number less than 600 during Phase II, while approximately 1,100 enrollees from Phase I have been retained to continue on into Phase II.

Despite considerable problems with the demonstration itself and in particular with both the HTU technology deficiencies and the usage lags by many of the patients, the contractor is continuing to conduct an on-schedule, rigorous evaluation. In the Fall they will conduct the second round of Phase II interviews with the P.I. and other key research staff in the IDEATel Cobnsortium. The first year report to CMS was submitted Fall 2005, and the second report to CMS is due in Fall 2006. ■

### Evaluation of the M+C Alternative Payment Demonstration

**Project No:** 500-95-0057/06b  
**Project Officer:** Victor McVicker  
**Period:** January 2002 to December 2004  
**Funding:** \$683,363  
**Principal Investigator:** Jim Moser  
**Award:** Contract  
**Awardee:** Bearing Point  
 1676 International Drive  
 McLean, VA 22102-4828

**Description:** The Medicare+Choice (M+C) alternative payment demonstration was designed to address the declining number of M+C organizations (M+COs) serving Medicare beneficiaries, specifically in areas where only one M+CO is serving the area. The demonstration tests the feasibility of using alternative payment approaches such as risk-sharing or reinsurance models in the M+C program. This evaluation is examining the experience of the six M+COs that began participating in the demonstration on January 1, 2002 and one M+CO that began on June 1, 2002. One of these organizations is using a reinsurance model while the other six organizations are using risk-sharing around a targeted medical expense. The evaluation is exploring whether these payment arrangements increased plan revenues and the impacts on the profile of beneficiaries enrolled in the plans and the benefits available to them.

**Status:** The final report was submitted and approved in May 2005 and is available on the CMS website. ■

## Evaluation of the MassHealth Quality Improvement Plan and Insurance Reimbursement Program

**Project No:** 500-95-0058/09  
**Project Officer:** Carol Magee  
**Period:** September 1999 to September 2004  
**Funding:** \$682,313  
**Principal Investigator:** Janet Mitchell  
**Award:** Task Order  
**Awardee:** Research Triangle Institute, (MA)  
 411 Waverley Oaks Road, Suite 330  
 Waltham, MA 02452-8414

**Description:** This project studies two features of the Massachusetts Medicaid plan known as MassHealth. First, under the Insurance Reimbursement Program, Massachusetts is among the first States to attempt to assure employer-sponsored insurance for low-income workers. The project evaluates the process established by this Massachusetts Medicaid demonstration of increasing enrollment of low-income workers earning less than 200 percent of the Federal poverty level in employer-sponsored health insurance. It provides data on the success of this program, e.g., number of employees enrolled, number of children and adults receiving insurance, number of small employers adding insurance coverage for low-income employees. Second, under the Quality Improvement Plan, MassHealth has attracted interest because of its innovative method of including quality assurance with improvement in contracting with both managed care organizations (MCOs) and primary care clinicians. The case study portion of the project describes the operation and assesses the effectiveness of the quality improvement plan for both primary care clinicians and the MCOs.

**Status:** This evaluation was completed on September 30, 2004, with submission in September of the final report to CMS regarding the Insurance Partnership (Part II) component of the MassHealth Demonstration and a corresponding final conference at CMS. Overall, the Insurance Partnership program - facilitating acquisition of health insurance by premium subsidies to small businesses previously without such - was considered very helpful, enabling employers with less than fifty employees (and particularly those self-employed) to become insured. However, among randomly-surveyed non-participating firms, many were unaware of the IP program, raising concerns about limited success of publicity efforts by the demonstration. ■

## Evaluation of the Medical Adult Day-Care Services Demonstration

**Project No:** 500-00-0031/05  
**Project Officer:** Susan Radke  
**Period:** September 2005 to September 2009  
**Funding:** \$821,916  
**Principal Investigator:** Walter Leutz  
**Award:** Task Order (RADSTO)  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
 415 South Street, P.O. Box 9110  
 Waltham, MA 02254-9110

**Description:** The purpose of this task order is to conduct the Evaluation of the Medical Adult Day-Care Services Demonstration. Under this demonstration, which was mandated by Section 703 of the Medicare Modernization Act of 2003, Medicare beneficiaries who qualify for the Medicare home health benefit will be allowed to receive a portion of their home health nursing and therapy services in a medical adult day care facility, instead of their home. The task order awardee will conduct an evaluation to determine the impact of the demonstration on patient outcomes and costs of furnishing care.

This task order will consist of three phases. Phase 1 will last 18 months and will include finalization of the evaluation plan, most of the qualitative analyses, and preliminary activities related to the quantitative analysis. Phase 2 will follow immediately after Phase 1 and will last for 30 months. The bulk of the quantitative analysis is expected to be done during Phase 2, at the end of which the Final Report will be delivered to CMS. Finally, Phase 3 will consist of an optional, extended period of 12 months, during which the task holder will remain available to make revisions to the Report to Congress as required during the Federal review process and address inquiries as needed.

**Status:** In September 2005, a task order was awarded to Brandeis University, Institute for Health Policy to conduct the evaluation. ■

## Evaluation of the Medical Savings Account Demonstration

<b>Project No:</b>	500-95-0057/06
<b>Project Officer:</b>	Victor McVicker
<b>Period:</b>	September 1998 to December 2004
<b>Funding:</b>	\$404,640
<b>Principal Investigator:</b>	Keith Cherry Jack Fyock
<b>Award:</b>	Task Order
<b>Awardee:</b>	Bearing Point 1676 International Drive McLean, VA 22102-4828

**Description:** This project evaluates the Medical Savings Account (MSA) Demonstration. It compares the experience of MSA enrollees with other Medicare beneficiaries.

**Status:** No insurers have elected to participate in the MSA demonstration. Because Congress has established MSAs as a permanent part of the program, the demonstration is no longer warranted. Therefore, a letter dated December 29, 2004 was submitted to Congress notifying that there would be no report as was required for the MSA demonstration. ■

## Evaluation of the Medicare Care Management Performance Demonstration (Phase I)

<b>Project No:</b>	500-00-0033/05
<b>Project Officer:</b>	Lorraine Johnson
<b>Period:</b>	September 2004 to September 2007
<b>Funding:</b>	\$1,030,970
<b>Principal Investigator:</b>	Lorenzo Moreno
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Mathematica Policy Research, (Princeton) 600 Alexander Park, PO Box 2393 Princeton, NJ 08543-2393

**Description:** The purpose of this project is to evaluate the effectiveness of the Medicare Care Management Performance (MCMP) Demonstration as mandated by section 649 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003.

The Contractor will be required to design and conduct the evaluation of this demonstration. The evaluation will include a comprehensive case study component to examine issues pertaining to the implementation

and operational experiences of the participating practices. The Contractor will be required to conduct various statistical analyses of secondary data, including individual level data, to examine issues related to quality of care and impacts on the use and costs of services. Primary data will be collected through interviews of key personnel at participating practices and beneficiary/physician surveys. Phase II, Option Period 1 has been exercised.

**Status:** The project is underway. ■

## Evaluation of the Medicare Health Outcomes Survey Program, An

<b>Project No:</b>	500-99-MD02
<b>Project Officer:</b>	Chris Haffer
<b>Period:</b>	May 2003 to December 2004
<b>Funding:</b>	\$450,000
<b>Principal Investigator:</b>	Julie Tyler Marv Mandell
<b>Award:</b>	Contract
<b>Awardee:</b>	Delmarva Foundation for Medical Care 9240 Centreville Road Easton, MD 21601-7098

**Description:** The Medicare Health Outcomes Survey (HOS) is one of the effectiveness of care measures of the Health Plan Employer Data and Information Set (HEDIS) for Medicare. The HEDIS is a set of defined measures to assess the health care quality provided by managed care plans. The Medicare HOS measures a health plan's ability to maintain or improve the physical and emotional health of its Medicare beneficiaries over time. The Medicare HOS questionnaire assesses at two year intervals the physical and mental health status of Medicare beneficiaries in managed care. The measure includes additional items to allow for case-mix adjustment, which is essential for meaningful and valid plan-to-plan comparisons of health outcomes. The goal of the HOS Program has been to gather valid and reliable health status data in Medicare managed care for use in quality improvement activities, public reporting, plan accountability, and improvement of health outcomes. The purpose of this contract was to conduct an evaluation of all aspects of the Medicare Health Outcomes Survey Program and to report on the extent to which the HOS is meeting its goals.

**Status:** The evaluation of the Medicare HOS Program concluded at the end of 2004. The results of the evaluation include a report on the historical context of HOS, an assessment of the HOS instrument and

operational protocol (i.e., instrument power, precision, reliability and validity, survey attrition, alternative sampling strategies, survey administration methods), and the utility of HOS data for Medicare Advantage Organizations, Quality Improvement Organizations, CMS and health services researchers. Key findings and recommendations from the evaluation were used to modify the HOS questionnaire, sampling methodology, measurement protocol, and data dissemination strategy for implementation in 2006. ■

### Evaluation of the Medicare Preferred Provider Organization (PPO) Demonstration

**Project No:** 500-00-0024/05  
**Project Officer:** Victor McVicker  
**Period:** September 2002 to September 2007  
**Funding:** \$2,545,139  
**Principal Investigator:** Gregory Pope  
 Leslie Greenwald  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The purpose of this project is to evaluate the Medicare Preferred Provider Organization (PPO) demonstration. This comprehensive evaluation includes a case study component to examine issues pertaining to the implementation and operational experiences of the PPOs as well as statistical analyses of secondary data, including individual level data, to examine issues of biased selection and impacts on the use and cost of services. Primary data is being collected through site visits to participating plans and a beneficiary survey.

**Status:** The final report on the PPO demonstration plan offerings and enrollment was submitted and approved in April 2005. This report addresses three key outcomes of the PPO demonstration: availability of PPOs, plan offerings, and enrollment. In addition, a final report on the beneficiary survey results was submitted and approved in October 2005. The survey analysis focused on three main questions central to understanding the demonstration:

- Do beneficiary characteristics vary by plan type?
- What factors affect beneficiary plan choice?
- How do beneficiary experience and rating of health care vary by plan type? ■

### Evaluation of the New Jersey Hospital Association Demonstration of Performance Based Incentives: Part 2.

**Project No:** 500-00-0024/15  
**Project Officer:** Melvin Ingber  
**Period:** September 2003 to September 2005  
**Funding:** \$148,349  
**Principal Investigator:** Jerry Cromwell  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The goal of the demonstration is to test the feasibility and cost-effectiveness of incentive payments to physicians for inpatient procedure episodes. The demonstration hospitals will be permitted to set savings goals and make incentive payments to physicians when the goals are achieved. The evaluation of the demonstration will assess the overall performance of these hospitals over the course of the demonstration period. The evaluation of the demonstration is intended to explore the overall potential of this alternative payment approach as a means to provide health care at reduced prices by providing the opportunity for lower-cost but more coordinated service delivery through more flexible use of resources and streamlining administrative procedures without compromising quality or sacrificing patient satisfaction. This demonstration and its evaluation should provide additional operational information about this payment method for both the public and private sector.

The demonstration is currently extended to a second State, Virginia, where it will examine heart surgery under the rubric 'Virginia Cardiac Surgery Initiative'. The evaluator will be the same as for the New Jersey demonstration. Proposed funding for the Virginia part of the evaluation is \$313,675 for two years.

**Status:** The Centers for Medicare & Medicaid Services (CMS) had begun to implement the demonstration both in New Jersey and in Virginia. In April 2004, a permanent injunction was placed on the three-year project, which offered performance-based incentives to physicians who help their hospitals reduce inpatient costs, based on the argument that the program created an uneven playing field that favored a select group of hospitals. Nor are we going to move ahead with VA for the reasons that have recently become apparent - in particular, issues surrounding distribution of physician payments by the hospital and DHHS/OIG rules about

incentive payments. There is some chance the demo could be reinstated, though not soon. The VCSQI principals are currently looking for other sources of additional money as well as potential Congressional action to give them a waiver from CMP laws, anti-kickback, etc. Citing the reasons given above we have decided to terminate the contract at this time. This project has been terminated. ■

### Evaluation of the New York Medicare Graduate Medical Education Payment Demonstration and Related Provisions

**Project No:** 500-95-0058/10  
**Project Officer:** William Buczko  
**Period:** September 1999 to September 2005  
**Funding:** \$1,692,751  
**Principal Investigator:** Jerry Cromwell  
**Award:** Task Order  
**Awardee:** Research Triangle Institute, (MA)  
 411 Waverley Oaks Road, Suite 330  
 Waltham, MA 02452-8414

**Description:** This is a coordinated evaluation of a major demonstration which provided incentives for New York State teaching hospitals to reduce their residencies by 20 to 25 percent over a 5-year period, and several provisions of the Balanced Budget Act of 1997 (BBA), aimed at reducing Medicare graduate medical education (GME) spending. Medicare annual GME spending reached \$7 billion, of which nearly 20 percent was for New York teaching hospitals. The evaluation assesses the impacts of residency reduction on access and service delivery, effects on hospital fiscal status, and physician work force size and composition.

**Status:** Recommended Design and Strategy for NY-GME Demonstration and National BBA GME Provisions is available from the National Technical Information Service, accession number PB99-175063. There are a series of reports available, including a summary report on the New York-GME demonstration during the period from July 1, 1997 through December 31, 2003. The final report was received on August 23, 2005. It is available on the CMS ORDI website. All project deliverables have been received. ■

### Evaluation of the Ohio Behavioral Health Program

**Project No:** 500-95-0048/05  
**Project Officer:** Paul Boben  
**Period:** March 1997 to September 2004  
**Funding:** \$579,216  
**Principal Investigator:** John Kautter  
**Award:** Task Order  
**Awardee:** Research Triangle Institute, (MA)  
 411 Waverley Oaks Road, Suite 330  
 Waltham, MA 02452-8414

**Description:** This evaluation was originally designed to assess the effect of Ohio's Specialty Managed Care for Behavioral Health Services Program on the delivery of behavioral health services. After the State elected not to implement the original behavioral health services program, the focus of the project was changed to a study of Ohio's Medicaid managed care program for general health care services, focusing on entry and exit of capitated managed care plans and determinants of consumer satisfaction.

**Status:** Two final reports were received in late 2004, both dealing with factors associated with Medicaid beneficiaries' satisfaction with the care they received from their capitated Medicaid managed care plans and their general satisfaction with health plan services. The first report contained results from an analysis of Ohio's 2000 Consumer Satisfaction Survey (a CAHPS-based survey administered by the Ohio Department of Human Services). The second report compared survey responses of Ohio Medicaid managed care recipients in 2001 to commercial managed care plan members in Ohio, Medicaid managed care plan members in 10 other States and Ohio Medicaid managed care members at two other points in time (1998, 2000 and 2001), using data from the National CAHPS Benchmarking Database. Copies of these reports are available upon request. ■

### Evaluation of the Part D Payment Demonstration

**Project No:** 500-00-0024/23  
**Project Officer:** Victor McVicker  
**Period:** September 2005 to June 2008  
**Funding:** \$995,434  
**Principal Investigator:** Leslie Greenwald  
**Award:** Task Order (RADSTO)

**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis  
Road  
Research Triangle Park, NC 27709-  
2194

**Description:** The purpose of this study is to evaluate the Part D payment demonstration. CMS has announced its intent to conduct a demonstration that represents an alternative payment approach for private plans offering prescription drug coverage under Part D. The demonstration is expected to increase the number of offerings of supplemental benefits through enhanced alternative coverage.

**Status:** The evaluation design was submitted and approved in March 2006. ■

#### **Evaluation of the Program of All-Inclusive Care for the Elderly (PACE) as a Permanent Program and of a For-Profit Demonstration**

**Project No:** 500-00-0033/01  
**Project Officer:** Fred Thomas  
**Period:** September 2001 to  
June 2007  
**Funding:** \$2,397,147  
**Principal Investigator:** Valerie Cheh  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research,  
(Princeton)  
600 Alexander Park, PO Box 2393  
Princeton, NJ 08543-2393

**Description:** This is an evaluation of the Program for All-inclusive Care for the Elderly (PACE) as a permanent Medicare program and as a State option under Medicaid. This project evaluates PACE in terms of: site attributes, patient characteristics, and utilization data statistically analyzed across sample sites and compared to the prior demonstration data and other comparable populations. This project expands on the foundations laid in the previous evaluations of PACE by predicting costs beyond the first year of enrollment and assessing the impact of higher end-of-life costs and long-term nursing home care.

**Status:** The evaluation is on-going. Site visits have been completed and the second round of surveys is underway. A final report is expected before June 2006. A supplemental report on a community-based practice model was completed during 2006 and is available on the Web site at <http://www.cms.hhs.gov/reports/downloads/cheh.pdf>. ■

#### **Evaluation of the Rural Hospice Demonstration**

**Project No:** 500-00-0026/04  
**Project Officer:** Linda Radey  
**Period:** September 2005 to  
September 2007  
**Funding:** \$400,232  
**Principal Investigator:** Jean Kutner  
Andrew Kramer  
Cari Levy  
**Award:** Task Order (RADSTO)  
**Awardee:** Center for Health Services  
Research, University of Colorado  
1355 South Colorado Boulevard,  
Suite 706  
Denver, CO 80222

**Description:** The purpose of this project is to evaluate the impact of the Rural Hospice Demonstration on changes in the access and cost of care and to assess the quality of care for Medicare beneficiaries with terminal diagnoses who reside in rural areas but lack an appropriate caregiver. Two rural hospice facilities enrolled in the demonstration that will last up to five years. Under the demonstration, CMS will reimburse hospices for the full range of care provided within their walls. CMS will also waive the 20-percent inpatient day cap for beneficiaries in the demonstration for one hospice.

This contractor will be required to design and conduct a comprehensive evaluation of this demonstration consisting of monitoring the progress of the demonstration, case studies, and an impact analysis of secondary data. Monitoring the progress of the demonstration will involve producing reports based on secondary data. The case study component will examine issues pertaining to the implementation and operational experiences of the participating hospices including site visits. The impact analysis will include various statistical analyses of secondary data including individual level data, to examine impacts on the patterns of care, lifting the 20-percent patient care cap, Medicare reimbursements, hospices' cost of providing care, and quality of care. The Contractor's evaluation will be incorporated into a report to the Congress when the demonstration ends. The demonstration may last up to 5 years.

**Status:** The contract consists of three phases. Contract funds have been awarded for Phase I. The Evaluation is currently underway. ■

## Evaluation of the State Child Health Insurance Program

**Project No:** 500-96-0016/03  
**Project Officer:** Susan Radke  
**Period:** July 1999 to February 2006  
**Funding:** \$4,256,094  
**Principal Investigator:** Margo Rosenbach  
**Award:** Task Order  
**Awardee:** Mathematica Policy Research, (DC)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** This project evaluates the State Childrens Health Insurance Program (SCHIP). It examines and tracks the impact of SCHIP in reducing the numbers of low-income uninsured children. States are required to report and assess the operation of their childrens health insurance programs. This project involves a summary and analysis of the State evaluations and an analysis of external SCHIP-related activities (meta-analysis). It will also analyze the effect of SCHIP on enrollment expenditures and use of services in Medicaid and State health programs; and evaluate stand-alone and Medicaid expansion programs, including the effectiveness of their outreach activities and the quality of care.

**Status:** Evaluation is in its last year. The SCHIP Report to Congress was submitted. Current work involves case studies of eight States as well as continuing monitoring and evaluating the effect of SCHIP was completed and published on the CMS website as well as the Dental Access Report. MPR is continuing to track the progress of the SCHIP program as it continues to grow and mature. MPR continues to complete the Synthesis of State evaluations and annual reports, evaluation of the effect of SCHIP on uninsured rates, collection and review of external studies, development and analysis of performance measures, and tracking of SCHIP enrollment. New tasks include a quantitative study of outreach in selected States and a quantitative study regarding an analysis of access and utilization. The Outreach Study is completed. ■

## Evaluation of the State Medicaid Reform Demonstrations, II

**Project No:** 500-95-0040  
**Project Officer:** Paul Boben  
**Period:** September 1995 to September 2004  
**Funding:** \$5,959,408  
**Principal Investigator:** Terri Coughlin  
**Award:** Contract  
**Awardee:** Urban Institute  
 2100 M Street, NW  
 Washington, DC 20037

**Description:** This is an evaluation of Medicaid demonstrations in five States: California (Medicaid Demonstration for Los Angeles County), Kentucky (Kentucky Health Care Partnership Plan), Minnesota (PMAP+), New York (Partnership Plan), and Vermont (Vermont Health Access Plan). The project includes State-specific and cross-State analyses of demonstration impacts on use of services, insurance coverage, public and private expenditures, quality of care, access, and satisfaction. Data will come from site visit interviews with providers, advocacy groups, and State officials; participant surveys; State Medicaid Management Information Systems; and other sources. Additional analyses are planned that focus on the effect of managed care on the receipt of mental-health services by Medicaid recipients. Funding for this additional work is from the Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services.

**Status:** This contract has ended. Copies of the Final Report, as well as a wide variety of topical reports, are available upon request. ■

## Evaluation of the Use of Bedside Technology to Improve Quality of Care in Nursing Facilities

**Project No:** 500-00-0024/10  
**Project Officer:** Renee Mentnech  
**Period:** January 2003 to December 2006  
**Funding:** \$820,388  
**Principal Investigator:** Leslie Greenwald  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The Centers for Medicare & Medicaid Services (CMS) has awarded a contract to Research Triangle Institute, the University of Missouri Sinclair School of Nursing, and OneTouch Technologies to evaluate the use of hand-held technology in nursing homes. This project will examine the use of bedside technology to collect daily measures of resident care and outcomes in nursing facilities (NFs). The application of this new technology could be useful for improving the efficiency and effectiveness of care in these facilities. The specific objectives of the project include: (1) Evaluating whether the use of bedside data collection with portable computer devices, automated processes, and electronic medical records technology improves collection of daily measures of resident care in NFs. (2) Evaluating whether the use of this technology improves outcomes of care in NFs. (3) Evaluating whether patient outcomes are enhanced by coupling the use of bedside technology with on-site clinical consultation by expert nurses.

**Status:** Recruitment of nursing homes is complete. Final analyses of the quality and cost data are being completed. A report should be available later in 2006. ■

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**Evaluation of Wheel Chair Purchasing in the Consumer-Directed Durable Medical Equipment (CD-DME) Demonstration and Other Fee-For-Service and Managed Care Settings**

<b>Project No:</b>	500-00-0032/06
<b>Project Officer:</b>	Linda Smith
<b>Period:</b>	September 2002 to September 2006
<b>Funding:</b>	\$419,501
<b>Principal Investigator:</b>	Debra Frankel
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Abt Associates, Inc. 55 Wheeler Street Cambridge, MA 02138-1168

**Description:** The purpose of this task order is to conduct a preliminary case-study evaluation of a four-site initiative. The descriptive evaluation will compare and contrast the purchasing of wheelchair equipment in these sites with those utilized in fee-for-service and in managed care models which serve people with disabilities. The study will propose further evaluation design options for CMS consideration and related feasibility studies of other DME. This initiative tests, at a local level, an important collaboration between the Department of Health and Human Services and the Department of Education intended to improve beneficiary access and satisfaction with the purchase and maintenance of wheelchair equipment.

Section 1834(a) of the Social Security Act as amended by Section 302 of the Medicare Modernization Act of 2003 requires the Secretary to establish quality standards for DMEPOS suppliers to be applied by accreditation organizations. In June 2005, this contract was modified based on findings from the evaluation and to meet the needs of this statute. This modified scope of work, i.e., quality standards for specific durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), consistent with the original scope of work, will provide information of use to beneficiaries and advocacy groups, CMS, the Department of Education, States, health plan contractors, and community DMEPOS suppliers.

This additional task, developing service and quality assurance standards for specific DMEPOS items is also fundamental to consumer access to equipment that will be safely and appropriately used. These standards will assist the beneficiary to know what to expect from suppliers and what constitutes high quality service. Beneficiary education, a key feature of the scope of work in the current contract, is a fundamental aspect of the new task proposed in this modification. The assumption is that beneficiaries who are educated about the safe and proper use of their equipment will experience better outcomes with the equipment. This additional task continues the beneficiary involvement in the process of obtaining and appropriately using DMEPOS.

**Status:** A case study report on the first year of project implementation has been accepted. The demonstration has ended. The contractor is now preparing reports on other DME coverage issues pertaining to mandated consumer service standards mandated in the Medicare Modernization Act of 2003.

On September 26, 2005, draft standards were presented to the Program Advisory Oversight Committee, during an open door forum, and posted on the CMS website for a 60-day public comment period. More than 5,000 commenters responded to the draft standards. The draft standards are being revised based on public comments and will be published through CMS program instructions. ■

## Examining Long-Term Care Episodes and Care History for Medicare Beneficiaries

**Project No:** 500-00-0025/03  
**Project Officer:** William Buczko  
**Period:** September 2002 to December 2006  
**Funding:** \$649,958  
**Principal Investigator:** Stephanie Maxwell  
**Award:** Task Order (RADSTO)  
**Awardee:** Urban Institute  
2100 M Street, NW  
Washington, DC 20037

**Description:** This project studies longitudinal patterns of care of elderly beneficiaries with likely long-term care needs and the progress of groups of beneficiaries with similar health/functional status who remain in the community or who move from the community to institutional settings, as well as within institutional settings. It will develop a research model and conduct studies based on this model to assess the progress of beneficiaries with similar medical conditions, functional status, and long-term care needs through the health-care delivery system. It will address key factors influencing the delivery of care such as insurance coverage, types of services used, processes leading to institutionalization, and costs of care.

**Status:** The Analytic Framework and Analysis Plan report was completed October 4, 2004 and is available on the ORDI website. This report includes: 1) detailed introduction and background on Medicare and long-term care spending and utilization; 2) conceptual frameworks of disability and service use; 3) extensive literature review regarding the determinants of long-term care utilization (nursing home, home care) and spend-down to Medicaid; and 3) three study cohorts for potential use in the project. The cohort discussions include statistical analysis plans, other methodological issues, file development, and criteria used in selecting the cohorts. The appendices include a review of home and community-based waiver programs and utilization.

Two cohorts were selected for quantitative analysis. The first is a forward-looking study of elderly whose first hospitalization for congestive heart failure (CHF) occurred in 1999. CHF is the most common discharge diagnosis for Medicare beneficiaries and has been shown to be a strong risk factor for death, rehospitalization, and functional decline. The analyses examine the course of CHF patients through the acute, post-acute, and long-term care systems from 1999 to 2003, and seek to identify the factors associated with patients' health, utilization, and cost trajectories through those systems.

Medicare Part A and B claims, Medicare enrollment files, and MDS data are the key files used. The second cohort is a primarily forward-looking study of elderly whose first non-Medicare nursing home admission occurred in 1999. The analyses examine the Medicare and nursing home care utilization and costs following admission in 1999 through 2002 (the latest year of Medicaid data available), and the factors associated with the nursing home patient outcomes. Because of budget limitations and the use of Medicaid files in this analysis, the cohort is restricted to two States (Minnesota and New Jersey), chosen for geographic balance and Medicaid data quality. Medicare Part A claims, Medicare enrollment files, Medicaid claims, MDS data, and POS files are the key files used.

The analytic file development used 100% MDS files, 100% Medicare Part B files, and Medicaid files to create data files that would allow future projects to build on this study's research. The study files can be used to study additional research and policy issues, and the computer programs used to generate the files could be modified to create other data extracts and analytic files, such as other hospitalization cohorts an ■

## Expanding Capacity for the Medical Care for Children Partnership

**Project No:** 18-P-91859/03-01  
**Project Officer:** Monica Harris  
**Period:** September 2003 to September 2004  
**Funding:** \$129,155  
**Principal Investigator:** Sandra Stiner Lowe  
**Award:** Grant  
**Awardee:** Medical Care for Children  
12000 Government Center Parkway  
Fairfax, VA 22035

**Description:** This project is designed to expand the capacity of coverage for children through the Medical Care for Children Partnership (MCCP) and evaluate a new model of providing care. The standard model of service delivery through this program has been a widely dispersed network of physicians who see a small number of children for reduced fees. This model will incorporate one pediatric nurse practitioner (PNP) in a private medical group, with a bilingual medical office assistant, and case manager to provide care to 500 children.

**Status:** Summary of Project Implementation: During the period of September 2003 through September 2004, the Medical Care for Children Partnership (MCCP)

implemented a new initiative to assess the feasibility and effectiveness of using a large, private medical practice assisted by a nurse practitioner to provide a medical home for a substantial portion of its clients. In March 2004, Pediatric Associates of Alexandria (PAA) began a 1-year contract (March 1, 2004-February 28, 2005) with MCCP to serve as the subcontractor for this project.

**Analysis:** The primary intent of this analysis is to evaluate the use of a large group medical practice with a nurse practitioner to care for a large number of MCCP clients (approximately 500). The predominate MCCP model relies on a network of voluntarily participating private practice physicians who elect to participate in MCCP. Each provider cares for a small number (typically ten families) of children for a negotiated, fixed fee for each office visit, typically lower than commercial insurance reimbursements.

**Method:** This evaluation is quasi-experimental and aimed to address practical questions for MCCP. The primary method of data collection was the establishment of a customized Access database in the medical practice that would track client family's demographics and utilization of health care services. For every office visit, the medical practice entered the client's diagnosis using the ICD-9 codes that were uploaded into the Access database.

In addition, medical staff entered the type of visit, client demographics, translation services required, and CPT codes assigned the visit that are used to generate a bill for the visit.

**Results:** Of the 480 client families referred to PAA, 130 children had medical appointments between the period April 2004 and November 2004. These children had a total of 219 office visits, with one client having as many as seven visits, but the majority having only one visit.

**Client Utilization:** Of the 219 appointments, 131 have were identified as sick visits. The other 88 were well visit checkups. The majority of children utilized the service for an acute health need, but a substantial number also took advantage of the well child or comprehensive health assessment. The reasons for sick visits varied considerably, with a total of 69 distinct diagnosis codes assigned according to the International Classification of Diseases. Sick visits were further categorized along five classifications: routine, upper respiratory, gastroenterology, dermat ■

## Expansion of Health Education and Program Services to the Deaf and Hard of Hearing

<b>Project No:</b>	18-P-92325/05-02
<b>Project Officer:</b>	Carl Taylor
<b>Period:</b>	August 2004 to August 2006
<b>Funding:</b>	\$197,932
<b>Principal Investigator:</b>	Beth Blacksin
<b>Award:</b>	Grant
<b>Awardee:</b>	Advocate Health and Hospital Corporation 2025 Windsor Drive Oak Brook, IL 60523

**Description:** The objectives of this project are to: (1) implement a self-management program on depression for members of the deaf community; (2) strengthen and broaden

the telepsychiatry network to expand the number of deaf individuals who receive mental health services; (3) develop a video pamphlet on substance abuse; (4) develop web-based, interactive screening tools in American sign language to assess depression, anxiety, and risk for cardiovascular disease; and (5) implement a consultative service for physicians of deaf individuals throughout Advocate Health Care's eight hospitals.

**Status:** This grant was funded in Fiscal Year 2004 and Fiscal Year 2005 and the project is ongoing. ■

## Explicit Valuation of Pass-through Technologies Under Medicare: Is It Feasible or Desirable?

<b>Project No:</b>	ORDI-05-0010
<b>Project Officer:</b>	Penny Mohr
<b>Period:</b>	October 2004 to June 2005
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	Penny Mohr
<b>Award:</b>	Intramural
<b>Awardee:</b>	Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244-1850

**Description:** To encourage early adoption, Medicare pays a temporary premium for selected new technologies (which are called pass-through technologies) in the outpatient setting. The goal of this study was to examine how implicit decisions being made for pass-through technologies compare with explicit cost-effectiveness criteria. Four technologies - two pass-through devices

(embolic capture devices and silicone oil for retinal tamponade) and two pass-through drugs/biologicals (pegfilgrastim, triptorelin pamoate) - which Medicare estimates will account for the bulk of pass-through spending for 2004 were selected as case studies.

The project critically evaluates the availability and quality of cost-effectiveness literature available for policy making, the implications of the results of available studies on Medicare policies, and explores the viability or reasonableness of using cost-effectiveness criteria as an additional criterion for approving the pass-through status of new technologies.

**Status:** This study found cost-effectiveness information is sometimes available early in the life cycle of a technology and may provide additional useful information about whether and for which subpopulation Medicare should pay a premium for a new technology. The quality of these studies was variable, however, and often would have required supplemental analyses. Medicare payment decisions do not now reflect any judgment about the value of that technology in terms of clinical benefit for incremental cost. The challenge to Medicare is to be able to limit pass-through payments to only those populations for whom there is proven value. Findings were presented at the 10th International Meeting of the International Society for Pharmaceutical Outcomes Research on May 16, 2005. Slides may be obtained by e-mailing Penny Mohr at [penny.mohr@cms.hhs.gov](mailto:penny.mohr@cms.hhs.gov). ■

## Five Year Review of Malpractice Relative Value Units, A

<b>Project No:</b>	500-00-0017/01
<b>Project Officer:</b>	Rick Ensor
<b>Period:</b>	September 2003 to December 2005
<b>Funding:</b>	\$269,111
<b>Principal Investigator:</b>	Jim Moser
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Bearing Point 1676 International Drive McLean, VA 22102-4828

**Description:** The purpose of this procurement is to update the Malpractice Relative Value Units (MPRVUs) associated with Part B Medicare Physician Fee Schedule services. MPRVUs are one component of a fee schedule payment that by law must be updated no less than every 5 years.

Over the past year there has been substantial media coverage associated with escalating malpractice premiums for physicians. Some physician specialties are experiencing high increases as compared to other specialties. The development of revised MPRVUs will incorporate more current, specialty-specific malpractice premium data that will make the MPRVU component of the physician fee schedule a more accurate depiction of the resources cost associated with malpractice insurance coverage.

## Extensive Nursing Training Program

<b>Project No:</b>	18-P-92416/4-01
<b>Project Officer:</b>	Renee Mentnech
<b>Period:</b>	August 2004 to August 2005
<b>Funding:</b>	\$246,829
<b>Principal Investigator:</b>	Bettie Johnson
<b>Award:</b>	Grant
<b>Awardee:</b>	James S. Taylor Memorial Home 1015 Magazine Street Louisville, KY 40203

**Description:** The purpose of this grant is to promote activities that improve the hiring and retention of qualified nursing personnel in the James S. Taylor Nursing Facility.

**Status:** The project is underway. ■

The methodology used to incorporate the malpractice premiums of the 20 largest Medicare specialties (as measured by total Medicare utilization provided by CMS) into the final MPRVUs will be identical to the methodology that was utilized by KPMG, under contract to CMS, in the October 2000 Technical Addendum to the April 7, 1999 Report on Resource-Based Malpractice RVUs (Task Order 0038). CMS will provide this Technical Addendum to the winner of the contract.

**Status:** This project is complete. ■

## Florida Consumer Directed Care Plus Demonstration (formally Cash and Counseling Demonstration)

**Project No:** 11-W-00117/04  
**Project Officer:** Melissa Harris  
**Period:** October 1998 to February 2008  
**Funding:** \$0  
**Principal Investigator:** Karen Huber  
**Award:** Waiver-Only Project  
**Awardee:** Florida, Agency for Health Care Administration, (Mahan Dr) 2727 Mahan Drive Tallahassee, FL 32308

**Description:** The purpose of this demonstration is to provide greater autonomy to consumers of long-term care services by empowering them to purchase the assistance they require for daily life. Demonstration participants are provided a monthly cash allowance, which they use to select and purchase the Personal Assistance Services (PAS) they need. Fiscal and counseling intermediary services are available to assist participants with managing budgets. Other partners in this collaborative effort include the Robert Wood Johnson Foundation, the Office of the Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services, and the National Program Office at the University of Maryland Center on Aging, which performs various coordinating functions.

**Status:** CMS approved this demonstration to operate without the experimental treatment/control group design, and to offer self-direction on a Statewide basis. This new phase of the demonstration, now called Consumer Directed Care Plus (CDC+) has been operational since January 1, 2004. ■

## Formative Research and Product Testing of MMA Communications

**Project No:** 500-00-0037/06  
**Project Officer:** Alissa Schaub-rimel  
**Period:** September 2004 to December 2006  
**Funding:** \$835,655  
**Principal Investigator:** Beth Simon  
**Award:** Task Order (RADSTO)  
**Awardee:** Kate Heinrich Fred Fridinger Bearing Point 1676 International Drive McLean, VA 22102-4828

**Description:** The goal of this project encompasses not only beneficiary needs for accessible, high-quality health care and the prompt, accurate processing of health claims, but also the beneficiary needs for information about program benefits, appeal rights, health plans, provider choices, treatment options, and more. Specific activities include: formative research and/or product testing about health plan decision-making, a new Medicare Preferred Provider Organization (PPO) benefit pamphlet, an assessment of the Guide to Medicare's Provider Services publication, and three other similar tasks yet to be developed.

**Status:** The project is underway. ■

## Hauula Community Diabetes Screening Program, The

**Project No:** 18-P-92309/09-01  
**Project Officer:** Pauline Karikari-Martin  
**Period:** September 2004 to September 2007  
**Funding:** \$987,317  
**Principal Investigator:** Charman Akina  
**Award:** Grant  
**Awardee:** Waimanalo Health Center 41-1347 Kalanianaole Highway Waimanalo, HI 96795

**Description:** This grant will provide outreach, awareness, and diabetes and cardiovascular disease screening, as well as relevant health educational and behavioral intervention services, to the geographically isolated, mostly-Samoan community of Hauula, (population 3,651) on Oahu.

**Status:** To date, 675 people have had diabetes and cardiovascular disease screening. Educational newsletter mailings on diabetes and cardiovascular diseases were sent to 1,907 physical addresses in February 2006. This project is still ongoing. ■

## HBCU: Colorectal Cancer Screening

**Project No:** 20-P-92383/04-02  
**Project Officer:** Richard Bragg  
**Period:** September 2004 to May 2007  
**Funding:** \$250,000  
**Principal Investigator:** Joan Wilson  
**Award:** Grant

**Awardee:** Alabama Agricultural and Mechanical University  
P.O. Box 411  
Normal, AL 35762

**Description:** The purpose of this study is to identify and establish effective intervention strategies that will result in changes in attitudes and behaviors involving the utilization of health care services by a population that is at high risk for colorectal cancer. The study will provide effective training and psychologically-based educational activities to promote screening and early detection for colorectal cancer in African American men and women. The objectives are to: (1) deliver an education intervention about the incidence and mortality rates and other factors responsible for the racial/ethnic disparity of colorectal cancer, (2) increase the knowledge about colorectal cancer, (3) strengthen positive attitudes toward the health care system and medical professionals, (4) increase the number of participants receiving colorectal screening, and (5) reduce personal/psychological barriers limiting access to the health care system for colorectal cancer screening.

**Status:** The project is underway. ■

#### HCFA On-Line: Market Research for Beneficiaries -- II

**Project No:** 500-95-0057/07  
**Project Officer:** Julie Franklin  
**Period:** September 1999 to December 2004  
**Funding:** \$14,488,131  
**Principal Investigator:** Kenneth Cahill  
**Award:** Task Order  
**Awardee:** Bearing Point  
1676 International Drive  
McLean, VA 22102-4828

**Description:** This project serves as a vehicle to conduct a variety of social marketing research with Medicare beneficiaries. The project is committed to carrying out targeted projects that document consumer reality through consumer research. Topics of the research are generally focused around communicating program benefits, appeal rights, health plan and provider choices, and treatment options to people with Medicare. Specific work has been done on existing Medicare publications, regulations, policies, developing message strategies and communication plans, monitoring desired behaviors, and evaluating the process.

**Status:** This is an extension of the work begun under contract number 500-95-0057/02. This contract continues

to conduct social marketing research on specifically identified initiatives that involve communication with Medicare beneficiaries. ■

#### Health Aging/Medicare Stop Smoking Program

**Project No:** 500-98-0281  
**Project Officer:** James Coan  
**Period:** October 1998 to June 2005  
**Funding:** \$14,000,000  
**Principal Investigator:** Laurence Rubenstein  
**Award:** Contract  
**Awardee:** RAND Corporation  
1700 Main Street, P.O. Box 2138  
Santa Monica, CA 90407-2138

**Description:** This demonstration is testing the effect of Medicare reimbursement for smoking cessation interventions among Medicare beneficiaries who smoke in seven States. Based on an evidence report by RAND, the demonstration is evaluating the effectiveness and cost effectiveness of reimbursement for three interventions for smoking cessation compared to "usual care". The interventions are: (1) reimbursement for provider cessation counseling, alone, (2) reimbursement for provider cessation counseling plus the use of bupropion (Zyban) or nicotine patches, and (3) demonstration supported telephone-base cessation counseling with and without nicotine patches. Usual care includes written material, only. The demonstration sites include Alabama, Florida, Ohio, Missouri, Oklahoma, Nebraska, and Wyoming.

**Status:** The Medicare Stop Smoking Program ended in November 2004. The final report was completed and is posted on the CMS demonstrations Web site. ■

#### Health Disparities: Measuring Health Care Use and Access for Racial/Ethnic Populations

**Project No:** 500-00-0024/08  
**Project Officer:** Arthur Meltzer  
**Period:** December 2004 to March 2005  
**Funding:** \$312,670  
**Principal Investigator:** Arthur Bonito  
**Award:** Task Order (RADSTO)

**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis  
Road  
Research Triangle Park, NC 27709-  
2194

**Description:** The purpose of this task order contract is to analyze health care access trends among minority beneficiaries. Detailed data tables and narrative descriptions will be prepared that highlight major trends in health care access and utilization for Whites, African-Americans, Hispanics, Asians and Pacific Islanders, and American Indians/Alaska Natives. This contract also will focus on examining the accuracy and completeness of race/ethnicity data in the Medicare enrollment database. Results of this contract will provide a better understanding of access to care and utilization of health care services among racial/ethnic populations.

**Status:** The project is complete and the final reports are available on the CMS website. ■

#### **Health Insurance and Access to Care Among Social Security Disability Insurance Beneficiaries in the 24-Month Waiting Period for Medicare**

**Project No:** ORDI-IM-2006-00002  
**Project Officer:** Gerald Riley  
**Period:** January 2005 to  
January 2007  
**Funding:** \$0  
**Principal Investigator:** Gerald Riley  
**Award:** Intramural  
**Awardee:** Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Description:** For most Social Security Disability Insurance (SSDI) beneficiaries, Medicare entitlement begins 24 months after the date of SSDI entitlement. Many may experience poor access to health care during the 24-month waiting period because of a lack of health insurance. National Health Interview Survey data for 1994-1996 were linked to Social Security and Medicare administrative records to examine health insurance status and problems with access to care during the Medicare waiting period. The study examined percentages of SSDI beneficiaries with and without insurance, sources of insurance, factors associated with lack of insurance, and access problems reported by those with and without insurance.

**Status:** A manuscript has been prepared and is under review for publication. ■

#### **Health Loop Information Project**

**Project No:** 18-C-91171/04  
**Project Officer:** Monica Harris  
**Period:** September 2000 to  
September 2004  
**Funding:** \$896,000  
**Principal Investigator:** Robert Stolarick  
**Award:** Cooperative Agreement  
**Awardee:** Shelby County Health Care Corporation, d/b/a Regional Medical Center at Memphis  
877 Jefferson Avenue  
Memphis, TN 38103

**Description:** This project merges a patient database with a Public Health Department's Patient Tracking System. The project includes staff training, software/hardware, and licensing agreements required to operate the information in the Shelby County Health Care Network - "The Health Loop." The goal is to enable the Health Loop providers to provide more effective and efficient services by making primary care and public health patient information available through one information system.

**Status:** The original grant was awarded in September 2000 and reports were submitted quarterly. The continuation grant, Health Loop II, was awarded in July 2001 and a final report will be submitted upon completion of the total project. A carryover of \$225,000 was granted because Shelby County was moving into a different information technology environment, and the old system would soon be obsolete.

March 2005: The period of performance for this agreement has expired.

The proposed install of the interfaced provider practice management system and the electronic medical records system has been completed. This has allowed the Health Loop providers to provide more effective and efficient services by making primary care and public health patient information available through one information system.

The grantee will be submitting a proposal for subsequent project to conduct research on the extended use of the system they developed. ■

## Healthcare and Social Services for Low-income Adults with Severe Physical Disabilities, in an Effort to Promote Independent Living

**Project No:** 18-P-93112/3-01  
**Project Officer:** William Clark  
**Period:** July 2005 to June 2006  
**Funding:** \$74,400  
**Principal Investigator:** Kevin Jones  
**Award:** Grant  
**Awardee:** Inglis Foundation  
2600 Belmont Avenue  
Philadelphia, PA 19131-2799

**Description:** Inglis Foundation will use this funding for its Inglis Care Management Program to provide a community-based and consumer-centered model of care to promote independent living for low-income adults (between the ages of 18-60) with severe long-term physical disabilities in Philadelphia, PA. These individuals will include those transitioning from institutional facilities and those already living in community settings. Care management services will address unmet needs, seek to prevent unwanted and unnecessary institutionalization, and to improve the quality of life in independent living for this vulnerable population.

**Status:** The Inglis Care Management Program has been implemented and is operational throughout the organization's institutional and community-based services network. ■

## Healthy Aging: Senior Risk Reduction Demonstration

**Project No:** 500-00-0034/01  
**Project Officer:** Pauline Lapin  
**Period:** September 2002 to December 2005  
**Funding:** \$2,245,253  
**Principal Investigator:** Ron Goetzel  
**Award:** Task Order (RADSTO)  
**Awardee:** MEDSTAT Group (DC - Conn.  
Ave.)  
4301 Connecticut Ave., NW, Suite  
330  
Washington, DC 20008

**Description:** The purpose of this contract was to design the Senior Risk Reduction Demonstration and identify opportunities for promoting healthy aging in Medicare. The Senior Risk Reduction Demonstration (SRRD)

will test whether private sector approaches to health management and risk reduction, which have been shown to be effective for reducing risk factors and health care costs, can be translated to the Medicare program. The intervention to be tested in the SRRD consists of a health risk appraisal followed by tailored ongoing interventions delivered either by mail, telephone, or Internet. A report on healthy aging strategies and exploratory analyses using databases including the Medicare Current Beneficiary Survey and General Motors database are other work activities under this contract.

**Status:** The Senior Risk Reduction Demonstration was designed and has not yet been approved for implementation. Exploratory analyses using the GM retirees database have been completed and submitted for publication. ■

## Heart Failure Home Care

**Project No:** 18-C-91509/03-02  
**Project Officer:** John Pilotte  
**Period:** September 2001 to September 2006  
**Funding:** \$2,800,000  
**Principal Investigator:** Arthur Feldman, MD  
Ozlem Soran, MD  
**Award:** Cooperative Agreement  
**Awardee:** University of Pittsburgh, Office of Research  
350 Thackeray Hall  
Pittsburgh, PA 15260

**Description:** This project seeks to use integrated nursing services and technology to implement daily monitoring of congestive heart failure patients in under-served populations in accordance with established clinical guidelines. The demonstration tests the clinical and economic effectiveness of the Alere Day Link Home Monitoring Device in Medicare beneficiaries from under-served population groups receiving care in community-based practices who are diagnosed with congestive heart failure and who have had a hospitalization within the last 6 months. The primary hypothesis is that the addition of this device to standard management of heart failure will reduce 6-month heart failure hospitalization rates and cardiovascular death and decrease the length of hospital stay for heart failure.

**Status:** The site began enrollment in 2003 and enrolled a total of 315 patients. The evaluation of the findings from the project are pending. ■

**HHA TPL Demo Arbitration**

**Project No:** HHSM-500-2005-00033I  
**Project Officer:** J. Sherwood  
**Period:** September 2005 to September 2008  
**Funding:** \$763,000  
**Principal Investigator:** S. Paret  
**Award:** Contract  
**Awardee:** American Arbitration Association  
 601 Pennsylvania Avenue, NW  
 Washington, DC 20004-2676

**Description:** CMS has entered into individual agreements with the State Medicaid agencies of Connecticut, Massachusetts, and New York to operate a demonstration program to determine the Medicare payment of certain home health services provided to certain individuals. If any one of the States or its agents is dissatisfied with CMS's determination of Medicare coverage for these claims, the parties have agreed to utilize arbitration services. The American Arbitration Association (AAA) contractor shall perform arbitration services for Home Health Third Party Liability Demonstration.

**Status:** CMS is finalizing arrangements for legal representation during the arbitration hearings. Hearings covering Fiscal Year 2001 cases should begin in Fall 2006. ■

**HIV Prevention Intervention for Homeless Mentally Ill African-American Adult Males, An**

**Project No:** 20-P-91751/04-02  
**Project Officer:** Richard Bragg  
**Period:** September 2002 to January 2005  
**Funding:** \$205,809  
**Principal Investigator:** J. Gary Linn  
**Award:** Grant  
**Awardee:** Tennessee State University School of Nursing  
 3500 John Merritt Boulevard  
 Nashville, TN 37209-1561

**Description:** The purpose of this collaborative project is to test an intervention to reduce sexual risk behavior in an impaired population (i.e., Homeless African-American men with mental illness) from Middle Tennessee with a high prevalence of HIV infection. The main aim is to assess the effectiveness of an intervention protocol, SEXG (which involves a method proven to be effective in New York City involving sex, games, and videotapes),

in changing the sexual practices of sexually active African-American men with a mental illness. These men are more likely to be at risk for sexual contraction or transmission of HIV.

**Status:** This project was awarded under the HBCU Health Services Research Grant Program. It is complete. ■

**Home Health Datalink File--Phase III**

**Project No:** HHSM-500-2004-00153G  
**Project Officer:** Ann Meadow  
**Period:** September 2004 to June 2007  
**Funding:** \$479,999  
**Principal Investigator:** Edward Fu  
**Award:** Inter-agency Agreement  
**Awardee:** Fu Associates  
 2300 Clarendon Boulevard, Suite 1400  
 Arlington, VA 22201

**Description:** The Balanced Budget Act of 1997 mandated dramatic changes in several areas of Medicare services, including the home health benefit. The Act mandated a home health prospective payment system (PPS), to be preceded by an interim payment system (IPS) until the PPS could be implemented. In place from late 1997 to October 2000, the IPS led to sharp reductions in numbers of home health agencies and home health utilization by Medicare beneficiaries. Policymakers will want information on the full impact of this succession of changes. Therefore, data development for such studies is needed by the Department and will be in demand by external researchers and policymakers. Under this project, the contractor annually provides a comprehensive, data-analytic file covering the entire PPS period to date. The file serves the medium-term needs of policymakers regarding the Medicare home health benefit. In addition, the file will meet the internal needs of CMS and the Department in the areas of payment refinements, quality improvement, and program integrity. The contractor is also tasked with providing certain technical assistance and analytical programming support using the products of the contract. This project is a continuation of a data development effort originally begun in 2000 by CMS; it is currently funded in part by the Office of the Assistant Secretary for Planning and Evaluation under Interagency Agreement Number IA-04-133.

**Status:** Under the direction of CMS, the contractor conducted data analyses to refine specifications for the analytic files. In January 2005, the contractor

delivered a 100 percent file of home health PPS payment episodes through June 2004 with detailed edited and derived variables summarizing utilization and payment information internal to the claim. Additional variables summarize information from external sources, including inpatient claims files, enrollment data, Area Resource File data, and Provider of Service File variables. The episodes are uniquely linked to several ancillary files containing details on related inpatient stays, OASIS and other patient assessments, and other information. The files are being used in several intramural and extramural studies and evaluations in CMS and DHHS. An update of the file with additions and enhancements was delivered in 2006. Specifications for adding additional linked files are under development. ■

### Home Health Demonstrations: Technical Support

**Project No:** 500-00-0032/09  
**Project Officer:** Armen Thoumaian  
**Period:** July 2004 to February 2009  
**Funding:** \$1,331,399  
**Principal Investigator:** Henry Goldberg  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** The purpose of the Home Health Demonstrations Technical Support contract is to assist CMS with the design, implementation, and operation of the Demonstration Project to clarify the Definition of Homebound, Section 702 of the Medicare Modernization Act of 2003 (MMA), now called the Home Health Independence Demonstration (ORDI-05-0004), and the Demonstration Project for Medical Adult Day Care Services (ORDI-05-0005), Section 703 of the MMA.

**Status:** The 2-year Home Health Independence Demonstration was implemented beginning October 1, 2004. Implementation of the Medical Adult Day Services Demonstration is expected to begin by July 2006. ■

### Home Health Independence Demonstration

**Project No:** ORDI-05-0004  
**Project Officer:** Armen Thoumaian  
**Period:** October 2004 to October 2006  
**Funding:** \$900,000  
**Principal Investigator:** Henry Goldberg  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** Section 702 of the MMA states that the Secretary shall conduct a 2-year demonstration in three States (representing the Northeast, the Midwest, and the West). Medicare beneficiaries with chronic conditions of a specific nature are deemed to be homebound, without regard to purpose, frequency, or duration of absences from home, for the purpose of receiving home health services under the Medicare Program. Enrollment under the demonstration is limited to no more than 15,000 beneficiaries.

**Status:** The demonstration was implemented October 4, 2004 in Colorado, Massachusetts, and Missouri. Abt Associates is the implementation contractor for the demonstration. The demonstration will end on October 3, 2006. ■

### Impact of Advanced Illness Coordinated Care (AICC) Nurse Practitioner, The

**Project No:** 18-P-91853/03-01  
**Project Officer:** Pamela Morrow  
**Period:** September 2003 to March 2005  
**Funding:** \$298,050  
**Principal Investigator:** Joseph R. McClellan  
**Award:** Grant  
**Awardee:** Hamot Medical Center  
 3330 Peach Street, Suite 211  
 Erie, PA 16508

**Description:** The Advanced Illness Coordinated Care (AICC) demonstration project, utilizing Advanced Illness Nurse Practitioners (AIP), implemented the AICC program for patients diagnosed with advanced cancer, congestive heart failure, and chronic obstructive pulmonary disease at Hamot Medical Center. The primary objectives for the project were to increase documentation of advance directives, decrease intensive

care utilization and mortalities, and decrease total health care costs for these patients with end-stage, advanced diagnoses.

**Status:** The project began in September 2003 and ended in March 2005. Hamot Medical Center issued a final report entitled: "The Impact of Advanced Illness Coordinated Care (AICC) Nurse Practitioner (AIP) on Total Charges, Intensive Care Unit Utilization and Documentation of Advance Directives." ■

#### **Impact of Increased Financial Assistance to Medicare Advantage Plans**

**Project No:** 500-00-0024/17  
**Project Officer:** Victor McVicker  
**Period:** August 2004 to April 2009  
**Funding:** \$1,199,931  
**Principal Investigator:** Gregory Pope  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** Section 211(g) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires that the Secretary of Health and Human Services report to Congress, no later than July 1, 2006, on the impact of additional funding provided under MMA and other Acts including the Balanced Budget Refinement Act of 1999 and the Beneficiary Improvement and Protection Act of 2000 on the availability of Medicare advantage (MA) plans in different areas and the impact on lowering premiums and increasing benefits under such plans. The purpose of this project is to develop and implement a monitoring system with key indicators of health plan performance. Key indicators both nationwide and within market areas will be used to support the report to Congress required by section 211(g) of the MMA.

**Status:** The Report to Congress is being reviewed within CMS and HHS. ■

#### **Impact of Payment Reform for Part B Covered Outpatient Drugs and Biologicals**

**Project No:** 500-00-0033/09  
**Project Officer:** Usree Bandyopadhyay  
**Period:** June 2005 to June 2009  
**Funding:** \$1,333,834  
**Principal Investigator:** Valerie Cheh  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research, (Princeton)  
 600 Alexander Park, PO Box 2393 Princeton, NJ 08543-2393

**Description:** This study will assess the impact of the changes in payments for Part B covered drugs on beneficiaries, providers and the distribution and delivery system for the drugs. The study will cover a broad array of drugs and physician specialities and analyze the effects of the payment reforms over the time period 2004-2007. While the focus will be on the payment reform for drugs currently covered under Part B, the study will need to consider other provisions of the MMA that might affect the utilization of these drugs.

The contractor is responsible for designing and carrying out the study, including the collection and analysis of primary and secondary data.

**Status:** The project is underway. ■

#### **Impacts Associated with the Medicare Psychiatric PPS**

**Project No:** 500-00-0024/18  
**Project Officer:** Fred Thomas  
**Period:** September 2004 to September 2007  
**Funding:** \$649,970  
**Principal Investigator:** Jerry Cromwell  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** To understand how the flow of patients between the inpatient and outpatient modalities has

changed as a result of changes to a prospective payment system, as well as to understand changes in the delivery of mental health care in the last decade, this project seeks information in the following specific areas:

- The role played by smaller psychiatric inpatient units and facilities.
- The use of partial hospitalization and outpatient programs in complementing and substituting for inpatient care.
- The use of two prospective payment systems to pay for essentially the same inpatient services.

**Status:** The project is underway. A report on psychiatric co-morbidities is expected to be released in Fall 2006. ■

### Implementation & Evaluation of the Physician Group Practice Demonstration

**Project No:** 500-00-0024/13  
**Project Officer:** John Pilotte  
**Period:** Fred Thomas  
 September 2003 to  
 September 2008  
**Funding:** \$4,284,082  
**Principal Investigator:** Gregory Pope  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis  
 Road  
 Research Triangle Park, NC 27709-  
 2194

**Description:** The Physician Group Practice (PGP) Demonstration is the first pay-for-performance initiative for physicians under the Medicare Program. Mandated by Section 412 of the Benefits Improvement and Protection Act (2000), the three year demonstration rewards physicians for improving the quality and efficiency of health care services delivered to Medicare fee-for-service beneficiaries. Under the demonstration, physician groups will share in any financial savings that result from improving the coordination and quality of care; consequently, physician groups will have incentives to use electronic health records and care management strategies that, based on clinical evidence and patient data, improve patient outcomes and lower total medical costs. The demonstration will test physician groups' responses to financial incentives for improving care coordination, delivery processes and patient outcomes, and the effect on access, cost, and quality of care to Medicare beneficiaries.

**Status:** The ten physician group practices participating in the demonstration were announced in early 2005. The demonstration began April 1, 2005.

### Implementation of Consumer Assessments of Health Plans Disenrollment Survey

**Project No:** 500-95-0061/05  
**Project Officer:** Elizabeth Goldstein  
**Period:** September 1999 to  
 November 2005  
**Funding:** \$4,458,022  
**Principal Investigator:** Judith Lynch  
**Award:** Task Order  
**Awardee:** Research Triangle Institute, (DC)  
 1615 M Street, NW, Suite 740  
 Washington, DC 20036-3209

**Description:** The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort, a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter referred to as the Medicare Managed Care CAHPS Survey (MMC-CAHPS)). CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare Program -- Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey and the Fee-for-Service (FFS) Survey.

**Medicare CAHPS Disenrollment Survey:** There are two different disenrollment surveys. In the Fall of 2000, CMS began to conduct a separate annual survey of beneficiaries who voluntarily disenrolled from M+C organizations to gather information about their experiences with the plan they left. This survey is known as the Medicare CAHPS Disenrollment Assessment Survey. Results from the Disenrollment Assessment Survey are combined with those from the Enrollee Survey for reporting to the public and to plans. Reporting the information in this way provides

a more accurate account of all Medicare beneficiaries' experiences with M+C organizations. CMS added the survey results from disenrollees to the overall survey results to ensure that positive survey results were not the result of CMS's continuous enrollment policy. References to the MMC-CAHPS survey refer to the combination of the MMC-CAHPS Enrollee Survey and the Disenrollment Assessment Survey.

CMS also sponsors the Medicare CAHPS Disenrollment Reasons Survey. The purpose of the Reasons Survey is to collect data about the reasons why Medicare beneficiaries leave their M+C health plans. Although data from the Reasons Survey are analyzed on an annual basis, sampling and data collection are conducted on a quarterly basis. The Reasons Survey has been conducted by RTI for CMS each year since 2000 and survey results can be found on Medicare's website, [www.Medicare.gov](http://www.Medicare.gov), through Medicare Health Plan Comp

**Status:** This project is complete. A final report was received. ■

#### Implementation of Consumer Assessments of Health Plans Disenrollment Survey

**Project No:** 500-01-0018/01  
**Project Officer:** Amy Heller  
**Period:** September 2003 to April 2007  
**Funding:** \$4,349,537  
**Principal Investigator:** W. Sherman Edwards  
 John Rauch  
**Award:** Task Order (ADDSTO)  
**Awardee:** Westat Corporation  
 1650 Research Boulevard  
 Rockville, MD 20850

**Description:** The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort—a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter referred to as the Medicare Managed Care CAHPS Survey (MMC-CAHPS)). CMS has just completed the seventh annual nationwide administration of MMC-

CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare Program—Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey and the Fee-for-Service (FFS) Survey.

**Medicare CAHPS Disenrollment Survey:** There are two different disenrollment surveys. In the fall of 2000, CMS began to conduct a separate annual survey of beneficiaries who voluntarily disenrolled from M+C organizations to gather information about their experiences with the plan they left. This survey is known as the Medicare CAHPS Disenrollment Assessment Survey. Results from the Disenrollment Assessment Survey are combined with those from the Enrollee Survey for reporting to the public and to plans. Reporting the information in this way provides a more accurate account of all Medicare beneficiaries' experiences with M+C organizations. CMS added the survey results from disenrollees to the overall survey results to ensure that positive survey results were not the result of CMS's continuous enrollment policy. References to the MMC-CAHPS survey refer to the combination of the MMC-CAHPS Enrollee Survey and the Disenrollment Assessment Survey. Westat conducts this portion of the disenrollment survey.

CMS also sponsors the Medicare CAHPS Disenrollment Reasons Survey. The purpose of the Reasons Survey is to collect data about the reasons why Medicare beneficiaries leave their M+C health plans. Although data from the Reasons Survey are analyzed on an annual basis, sampling and data collection are conducted on a quarterly basis. The Reasons Survey has been conducted for CMS each year since 2000 and survey results can be found on Medicare's website, [www.Medicare.gov](http://www.Medicare.gov),

**Status:** The project is conducted annually in the fall. ■

#### Implementation of NMEP Evaluation Studies/ Surveys

**Project No:** 500-01-0020/03  
**Project Officer:** Suzanne Rotwein  
**Period:** September 2003 to June 2006  
**Funding:** \$586,879  
**Principal Investigator:** W. Sherman Edwards  
 Vasudha Narayanan  
**Award:** Task Order (ADDSTO)

X

**Awardee:** Westat Corporation  
1650 Research Boulevard  
Rockville, MD 20850

**Description:** The purpose of these annual surveys is to continue assessment of the education and outreach activities of the NMEP (the National Medicare & You Education Program). The surveys contain core questions asked of people with Medicare since the beginning of the assessment in 1998 and also ask additional questions intended to obtain needed information about new initiatives within CMS. This latest survey will be a national telephone survey of randomly selected people with Medicare. The instrument contains questions related to: (1) satisfaction with Medicare communication channels: the Medicare website, the 1-800-Medicare toll-free line, and the Medicare & You Handbook, (2) knowledge of general Medicare benefits and program characteristics and where to look for Medicare information, and (3) knowledge of new Medicare initiatives such as the Medicare Prescription Drug Coverage, Quality Initiatives in Hospitals, Customer Service, and choice and options in Medicare health care plans.

**Status:** The project's final reports have been completed. ■

proportionately samples a cross-section of Medicare managed care enrollees stratified by plan to assess their level of satisfaction with access, quality of care, plans' customer service, resolution of complaints, and their utilization experience.

**Status:** This project is completed. ■

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**Implementation of the Quality Improvement Organizations' (QIOs) Sixth Scope of Work  
Pneumococcal Pneumonia and Influenza Immunization Remeasurement Survey**

<b>Project No:</b>	500-95-0062/11
<b>Project Officer:</b>	Susan Arday
<b>Period:</b>	September 2000 to September 2004
<b>Funding:</b>	\$1,542,230
<b>Principal Investigator:</b>	Skip Camp Pamela Giombo
<b>Award:</b>	Task Order
<b>Awardee:</b>	Abt Associates, Inc. 55 Wheeler Street Cambridge, MA 02138-1168

**Description:** The goal of this project was to assess the utilization of influenza and pneumococcal vaccines among Medicare beneficiaries and to evaluate the vaccine promotion work performed by Peer Review Organizations (PROs) / Quality Improvement Organizations (QIOs) under their Medicare Sixth Scope of Work. The PROs/QIOs were directed to decrease morbidity and mortality in six national clinical priority areas, one of which was pneumonia and influenza. This project specifically implemented the Pneumococcal Pneumonia and Influenza Immunization Remeasurement Survey. The telesurvey was administered to a sample of Medicare beneficiaries randomly selected from each of 50 States, plus the District of Columbia and Puerto Rico. It also produced the attendant State-specific rates. Baseline rates for outpatient elderly Medicare beneficiaries' influenza and pneumococcal pneumonia immunizations were obtained from the Centers for Disease Control and Prevention's (CDC) 1999 administration of the Behavioral Risk Factor Surveillance System (BRFSS). However, the BRFSS could not be used by the PROs/QIOs for remeasurement due to mismatches between the PROs/QIOs' timetable for performance-based evaluation and that of subsequent BRFSS survey administrations and data release from those administrations.

**Status:** There were two separate, sequential rounds of data collection within this task order. At the discretion of CMS, a no-cost extension was granted to Abt so that

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**Implementation of the Medicare Consumer Assessment of Health Plans Survey**

<b>Project No:</b>	500-95-0057/04
<b>Project Officer:</b>	Elizabeth Goldstein
<b>Period:</b>	September 1997 to September 2005
<b>Funding:</b>	\$25,592,481
<b>Principal Investigator:</b>	Keith Cherry
<b>Award:</b>	Task Order
<b>Awardee:</b>	Bearing Point 1676 International Drive McLean, VA 22102-4828

**Description:** This project implements the Medicare version of the Consumer Assessments of Health Plans survey (CAHPS) in all Medicare risk and cost-managed care plans. The primary purpose of the survey is to collect, analyze, and disseminate information to Medicare beneficiaries to help them choose among plans. It will also be used with other available data to monitor and evaluate the quality of care and relative performance of managed-care plans, and to compare the satisfaction of beneficiaries in the managed-care and fee-for-service systems. It is a nationwide satisfaction survey of Medicare beneficiaries, currently enrolled and recently disenrolled, from their managed care plans which

survey data analytic reports could be completed during Fiscal Year 2004. ■

### Implementation of the Racial and Ethnic Adult Disparities in Immunization Initiative (READII) Survey

**Project No:** 500-00-0032/05  
**Project Officer:** Susan Arday  
**Period:** September 2002 to March 2006  
**Funding:** \$1,135,578  
**Principal Investigator:** Pamela Giambo, Katherine Ballard-LeFauve, Pascale Wortley  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc., 55 Wheeler Street, Cambridge, MA 02138-1168

**Description:** CMS and the Centers for Disease Control and Prevention (CDC) are working with five demonstration sites to improve influenza and pneumococcal vaccination rates in African-American and/or Hispanic communities. This contract implements the READII Survey which is administered to a sample of elderly, community-dwelling Medicare beneficiaries randomly selected from each of the five demonstration sites. Information is collected via a telephone survey to evaluate the impact of the Racial and Ethnic Adult Disparities in Immunization Initiative (READII). The demonstration sites use a coalition of public health professionals and medical providers to develop a community-based plan that will identify African-American and Hispanic individuals in Medicare who are 65 years of age or over in need of influenza and pneumococcal vaccinations and offer these immunization services to them. The five demonstration sites are: Chicago, IL; Bexar County, TX; Milwaukee, WI; Monroe County, NY; and selected counties in rural Mississippi. Specific activities include, but are not limited to: (A) drawing a random sample of cases from the Medicare Enrollment Database; (B) obtaining telephone numbers for those cases using telephone-address match vendors and Directory Assistance; (C) sending out advance (prenotification) letters with postage-paid return postcards; (D) conducting telephone interviews over an 8-12 week period; (E) conducting interviews in English and Spanish; (F) obtaining at least 400 completed interviews per subgroup (White and African-American and/or Hispanic) at each demonstration site; and (G) targeting a response rate of 60 percent or higher (after excluding those for whom a telephone number could not be obtained).

**Status:** Demonstration project activities began in September 2002 and will continue for a 3-year period. Evaluation measures include outcome (proportion immunized) and process (change in knowledge). The intra-agency agreement (IAA) initially covered a 12-month period from September 12, 2002 through September 14, 2003, during which time the first round of the READII Survey was conducted and data were collected from February through May 2003. At the discretion of both CMS and CDC, a second round of READII Survey activities occurred over the 12-month period from September 15, 2003 until September 29, 2004. The second round of the READII Survey was conducted, and data was collected from February through May 2004. At the discretion of both CMS and CDC, a third round of READII Survey activities occurred over the 12-month period starting on September 30, 2004 and running until September 29, 2005. The third round of the READII Survey was conducted, and the data were collected from February through May 2005. ■

### Implementation Support and Evaluation for the Medicare Health Care Quality Demonstration (MMA Section 646)

**Project No:** HHSM-500-2005-00029I/01  
**Project Officer:** Cynthia Mason  
**Period:** September 2005 to September 2011  
**Funding:** \$1,351,987  
**Principal Investigator:** Michael Trisolini  
**Award:** Task Order  
**Awardee:** Research Triangle Institute, (NC) PO Box 12194, 3040 Cornwallis Road, Research Triangle Park, NC 27709-2194

**Description:** The contractor will assist with the determination of payment rates. The contractor will also assist in the design and implementation of a system of site-specific, quality based goals for distribution of bonus payments.

**Status:** The project is underway. ■

## Implementation Support for Health System Payment Reform Demonstration Proposals and Related Demonstrations

**Project No:** 500-00-0033/12  
**Project Officer:** Juliana Tiongan  
**Period:** September 2005 to September 2007  
**Funding:** \$473,719  
**Principal Investigator:** Randall S. Brown, Ph.D.  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research, (Princeton)  
600 Alexander Park, PO Box 2393  
Princeton, NJ 08543-2393

**Description:** The contractor shall provide technical assistance in developing, refining and implementing Health System Reform and related demonstrations. The contractor shall provide seven waiver cost estimates for a variety of Health System Payment Reform and related demonstrations over a 24 month period.

**Status:** The project is underway. ■

## Implementation Support for the Quality Incentive Payment of the ESRD Disease Management Demo

**Project No:** 500-00-0028/03  
**Project Officer:** Siddhartha Mazumdar  
**Period:** Henry Bachofer  
September 2004 to September 2008  
**Funding:** \$2,180,974  
**Principal Investigator:** Frederich Port, M.D.  
**Award:** Task Order (RADSTO)  
**Awardee:** Arbor Research Collaborative for Health formerly known as URREA (University Renal Research and Education Association)  
315 West Huron, Suite 260  
Ann Arbor, MI 48103

**Description:** The purpose of this project is implementation support for the Quality Incentive Payment of the ESRD Disease Management Demonstration and implementation and support for an Advisory Board for the ESRD Bundled Case-Mix Adjusted Demonstration, mandated by Section 623(e) of MMA.

**Status:** URREA is developing clinical measures for determining the Quality Incentive Payment and

is implementing plans for data transfer for the 3 participating demonstration organizations. Calculation of the quality incentive payment will occur in semi-annual reconciliation. The organizations began enrolling ESRD patients early in 2006. ■

## Implementing Culturally and Linguistically Competent Assessment and Training for Providers Serving Latinos on Medicare, Medicaid, and SCHIP

**Project No:** 25-P-91772/08-02  
**Project Officer:** Richard Bragg  
**Period:** September 2002 to September 2005  
**Funding:** \$208,129  
**Principal Investigator:** Polly Baca  
**Award:** Grant  
**Awardee:** Latin American Research and Service Agency  
309 W. 1st Avenue  
Denver, CO 80223

**Description:** The purpose of the project is to assess and develop the capacity of health care providers at two Denver metropolitan area health maintenance organizations (HMOs) to deliver culturally and linguistically competent care to Latino patients. The study is forming Latino provider networks to develop culturally and linguistically competent resources to build this capacity. The aim of the project addresses the mission of CMS for providing culturally and linguistically competent care to Latino patients using Medicare, Medicaid, and SCHIP. Two major objectives of the study are to: (1) identify the cultural and linguistic knowledge, attitudes, and practices of 100 providers using a provider self-assessment survey; and (2) establish a network of Latino case providers representative of their organizations providing consultation in the development of cultural and linguistic competency training resources.

**Status:** This project was awarded under the Hispanic Health Services Research Grant Program. The project has been completed. ■

### Implementing the HEDIS Medicare Health Outcomes Survey

**Project No:** HHSM-500-2004-00015I/01  
**Project Officer:** Sonya Bowen  
**Period:** Chris Haffer  
**September 2004 to September 2007**  
**Funding:** September 2004 to September 2007  
**Principal** \$2,193,094  
**Investigator:** Kristen Spector  
**Award:** Task Order  
**Awardee:** National Committee for Quality Assurance  
2000 L Street, NW, Suite 500  
Washington, DC 20036

**Description:** The Medicare Health Outcomes Survey (HOS) is the first patient-based outcomes measure and largest survey of managed care beneficiaries used by CMS. It was implemented in 1998. The survey is fielded nationally as a Health Plan Employer Data Set (HEDIS) measure. It is a longitudinal, self-administered survey which utilizes the SF-36 (assesses physical and mental functioning) and additional case mix adjustment variables. Each year, survey data are collected for a new sample (cohort) of Medicare managed care beneficiaries. Members that respond to the baseline survey are resurveyed 2 years later in a follow up. The goals of the Medicare HOS are [1] to help beneficiaries make informed health care choices, and [2] to promote quality improvement based on competition. This project manages the collection and transmittal of the data to CMS and supports the technical development of the Medicare HOS measure. The survey is actually administered through a group of certified vendors.

**Status:** This project is complete. The HOS is an ongoing annual survey. The HOS program has achieved national and international recognition as the largest collection of robust health status measurements from the patients' perspective in the world. Results have been presented at various national and international professional meetings and published extensively in peer-reviewed journals. ■

### Improve Healthcare Access to Recovering Alch HOPE Worldwide

**Project No:** 18-P-92418/03-01  
**Project Officer:** Carl Taylor  
**Period:** September 2004 to September 2006  
**Funding:** \$24,683  
**Principal Investigator:** Marilyn Patton  
**Award:** Grant  
**Awardee:** HOPE Worldwide Pennsylvania  
2239 West Broadstreet  
Philadelphia, PA 19132

**Description:** The objective of this project is to increase access to healthcare for persons addicted to drugs and/or alcohol and their families. The grant is coordinated as a Congressional mandate provided during the Agency's annual appropriations cycle.

**Status:** The project is underway. A one year no-cost extension was approved, and the grant end date changed to September 30, 2006. An annual project report was submitted on September 30, 2005. ■

### Improving Diabetes Outcomes Using the Care Model In An Urban Network

**Project No:** 18-P-91850/05-02  
**Project Officer:** David Greenberg  
**Period:** September 2003 to September 2006  
**Funding:** \$74,428  
**Principal Investigator:** Leon Fogelfeld  
**Award:** Bonnie Lubin Grant  
**Awardee:** Cook County, Bureau of Health Services  
1900 W. Polk St  
Chicago, IL 60612

**Description:** This initiative is using the Care Model to improve the well being of diabetic patients enrolled with the Cook County Bureau of Health Services by reducing complications from Type 2 diabetes as well as preventing the onset of Type 2 diabetes in pregnant women with gestational diabetes. Populations with the highest prevalence of the disease and significant barriers to self-management, including underserved African-Americans and Latinos with Limited English Proficiency (LEP), have been targeted. This project provides an opportunity for the leadership team and local site-based teams to gain collective experience with the Care Model. Upon completion of the project,

the Bureau expects to have a more highly developed, sustainable structure to support local primary care teams in overcoming barriers to adherence to clinical practice guidelines in chronic and preventive care services. All participating sites have assembled teams of site leaders and professional and clinical staff who have selected measurable patient outcome objectives and are working to achieve those objectives with the support of on-site clinical coordinators, data management specialists, and other personnel. Teams meet quarterly in a collaborative framework to describe their approaches and refine their plans. Focus areas include patient self-management, clinical information systems, clinical decision support, system redesign, community resources, and the role of organizational leadership. In the second project year, the grantee expanded the focus of the project to address Pre-diabetes and the Metabolic Syndrome and more intensive educational efforts.

**Status:** This project has been extended for the period September 30, 2005 through September 29, 2006. ■

### Improving Educational Attainment

**Project No:** 18-P-92308/07-01  
**Project Officer:** Carl Taylor  
**Period:** August 2004 to August 2005  
**Funding:** \$24,683  
**Principal Investigator:** Michael DeBaun  
**Award:** Grant  
**Awardee:** Washington University  
 660 South Euclid Avenue  
 St. Louis, MO 63110

**Description:** The project had 2 major objectives:

1. Enhance the existing summer camp experience for children with sickle cell disease.
2. Identify counselors and junior counselors for Camp Crescent who are to be mentored for one year.

**Status:** This project closed on August 22, 2005. ■

### Improving Health Care, Child Care, Nutrition, and Income for Massachusetts

**Project No:** 18-P-91849/01-01  
**Project Officer:** Monica Harris  
**Period:** September 2003 to September 2004  
**Funding:** \$93,446  
**Principal Investigator:** Janet Weigel  
**Award:** Grant  
**Awardee:** Community Catalyst, Inc.  
 30 Winter Street  
 Boston, MA 02108

**Description:** This project will continue development and fully implement the RealBenefits program statewide. RealBenefits is an Internet-based eligibility screening tool for many public benefit programs. This phase of the 3-year effort will focus on recruitment of community partners, follow-up training, and support.

**Status:** Key Tasks and Milestones are on or ahead of schedule: RealBenefits was rolled out to Lighthouse Health Access Alliance (LHAA) in October. LHAA is making the application available to all health and human service agencies on Cape Cod and the Islands. Community Catalyst conducted public demonstrations to educate potential users on the Cape and followed up with a series of training sessions, involving 44-user organizations. Systematic follow up with users has begun to determine if and how they are using the application. The Boston Public Health Commission is using RealBenefits on the Mayor's Health Line and will be training users from their Healthy Baby/Healthy Child initiative and making licenses available to the Community Health Centers and other health and human service providers in Boston. In Springfield, a consortium of 15 health care agencies and community health centers will begin to use RealBenefits to screen for eligibility and produce medical program applications for patients in the first quarter of 2004. Follow-up interviews with users from each organization are planned.

A pilot project has been established to determine what enhancements need to be added to RealBenefits to make it more useful to hospitals. A limited number of staff members from Bay State Health Center in Springfield, Cambridge Health Alliance, and Boston Medical Center will be using the tool as of February 1. Group feedback sessions will be conducted over a 6-month period.

Demonstrations of RealBenefits are ongoing throughout Massachusetts. Milestone figures for numbers of user organizations have been surpassed. Follow-on work is

focused on learning from users and increasing acceptance and usage within organizations.

Efforts to engage the State of Massachusetts in supporting electronic application has proceeded more rapidly than expected. The Executive Office of Health and Human Services (EOHHS) has produced a multi-phase plan to enable online applications and has promoted RealBenefits as a tool from which electronic applications will be accepted. June 2004 is the EOHHS goal for opening a gateway to accept applications produced using RealBenefits.

An additional knowledge expert and a part-time trainer have been added to the RealBenefits staff.

#### Current Status

This project is continuing with outreach, training, user feedback, and technology development. As of this date, monthly applications have climbed to over 5,000, with the group of volume users growing to include five hospitals and six community health centers. ■

#### Improving HIV/AIDS Treatment and Prevention Services

**Project No:** 18-P-93129/9-01  
**Project Officer:** Joseph Razes  
**Period:** July 2005 to June 2006  
**Funding:** \$1,488,000  
**Principal Investigator:** James Loyce  
**Award:** Grant  
**Awardee:** San Francisco Department of Public Health  
25 Van Ness Avenue, Suite 500  
San Francisco, CA 94102

**Description:** The objectives of this project are to: support a series of interventions that will extend the benefits of HIV care and treatment to at least 650 low income, underserved, and minority individuals and families living with HIV who are currently not reached or not effectively served through the existing system of care. The proposed program will also implement and test a variety of innovative strategies for reaching and serving individuals with HIV living on low incomes, and incorporate multi-disciplinary support services to help improve their compliance with care and treatment.

**Status:** The project is in process. ■

#### Improving Medication Safety in Outpatients Through Improved Packaging

**Project No:** 18-C-91678/05  
**Project Officer:** Dennis Nugent  
**Period:** September 2001 to September 2005  
**Funding:** \$691,000  
**Principal Investigator:** Philip Schneider  
**Award:** Cooperative Agreement  
**Awardee:** Ohio State University Research Foundation  
1960 Kenny Rd  
Columbus, OH 43210

**Description:** The purpose of this study was to determine if compliance packaging would increase adherence to a prescribed medication regimen and, concomitantly, improve treatment outcomes for elderly individuals who had a chronic disease. It was developed to reduce the frequency of drug errors by persons whose compliance with prescription instructions is critical. The project focused on the impact of a packaging/distribution system and consumer education. Compliance packaging used in the study was a blister package with each dose of the medication identified by day of the week. Information regarding proper use and dosage was printed on the package. In order to participate in the project, an individual must have been at least 65 years old with a diagnosis of hypertension who had a new or existing prescription for lisinopril. Hypertension was selected because it is a condition in which pharmacotherapy plays a significant role in treatment outcomes. Participants were randomly assigned to a study or comparison group. The study group's medication was distributed in "unit of use" packaging with special instructions; the control group received standard prescription containers with the usual labeling. Compliance, treatment outcomes, and medical utilization of the two groups were compared. Compliance was measured by interview, pill counts, refill regularity, and blood pressure. Morbidity (angina, myocardial infarction, stroke, and renal impairment) and mortality rates were also quantified. In addition, medical service utilization was assessed by tabulating emergency room visits and hospitalizations. Each participant was followed for a period of 12 months.

**Status:** Preliminary results indicate some emerging differences between the study and comparison groups. A final report should be available in late 2006. ■

**Improving Nursing Home Enforcement - Phase 2**

**Project No:** 500-00-0026/03  
**Project Officer:** Marvin Feuerberg  
**Period:** September 2003 to September 2007  
**Funding:** \$2,078,167  
**Principal Investigator:** Andrew Kramer  
**Award:** Task Order (RADSTO)  
**Awardee:** University of Colorado, Health Sciences Center  
13611 East Colfax Ave., Suite 100  
Aurora, CO 80011

**Description:** This contract assesses the overall effectiveness of the current system of nursing home survey and certification quantitatively through a retrospective analysis of the impact of enforcement on resident outcomes. Overall effectiveness is also assessed qualitatively through prospective case studies on the impact of enforcement on provider care processes. In addition, a number of issues related to survey agencies' responses to complaints are examined to generate a more standardized system across States. The contract will be further modified in Fiscal Year 2005 to permit a thorough assessment of the key barriers and promising practices for improving the efficiency and effectiveness of State survey agencies. Finally, the contract was modified in April 2006 for analytic development of a method, based on survey data, for identifying poor performers that may require more survey attention and, as well, to identify other nursing homes that manifest higher quality and may require less survey attention.

**Status:** The contract was awarded in September 2003. As of June 2006, workplans and some study designs for various tasks have been generated, analytic working files created, state promising practices briefs have been placed on CMS's website, and the case studies report is under final revision. ■

**Improving Outcomes Using Medicare Health Outcomes Survey Data**

**Project No:** HHSM-500-2006-00001G  
**Project Officer:** William Long  
**Period:** November 2005 to February 2007  
**Funding:** \$1,576,445  
**Principal Investigator:** Herbert Rigberg  
**Award:** GSA Order  
**Awardee:** Health Services Advisory Group  
1600 East Northern Avenue, Suite 100  
Phoenix, AZ 85020

**Description:** CMS contracts with the Health Services Advisory Group to conduct annual data cleaning, scoring, analysis, and performance profiling of Medicare Advantage (MA) (formerly Medicare + Choice) plans for the Medicare Health Outcomes Survey data collection; to educate MA plans and Quality Improvement Organizations (QIOs) in the use of functional status measures and best practices for improving care; and to provide technical assistance for QIOs and plan interventions designed to improve functional status. The contractor also produces special reports, public use data files, analytical support, and consultative technical assistance using HOS baseline and follow-up data, supplemented by other data sources, to inform CMS program goals and policy decisions.

**Status:** Round eight data submission, cleaning, and analysis from the 2005 HOS field administration will be completed in early 2006. Cohort six performance measurement and cohort eight baseline results will be finalized and made available later in 2006. Fiscal Year 2006 activities will also include comparative analyses between the Medicare managed care and fee-for-service populations on differential health status, health care utilization and expenditures, and care satisfaction; development and testing of a reporting template for comparing health outcomes between Medicare managed care and fee-for-service; and an increased focus on education and outreach to MA plans and QIOs with the implementation of HOS 2.0. ■

**Improving Prostate Cancer Screening Rates Among African-American Men in Rural Black Belt Counties in Alabama: An Education Intervention Program**

**Project No:** 20-P-92379/04-02  
**Project Officer:** Richard Bragg  
**Period:** September 2004 to May 2007  
**Funding:** \$250,000  
**Principal Investigator:** Vivian Carter  
**Award:** Grant  
**Awardee:** Tuskegee University College of Veterinary Medicine Nursing and Allied Health Kresge Center  
Tuskegee, AS 36088

**Description:** The purpose of the study is to develop and evaluate the effectiveness of a prostate cancer education program on prostate screening rates among African-American men aged 40 and over in the rural settings of two Alabama "Black Belt" counties (Macon and Bullock). Prostate cancer is the second leading cause of cancer deaths in these communities. The objectives are to: (1) Determine through focus groups barriers to routine screening for prostate cancer among African American men in the Macon and Bullock County Areas; (2) Increase the knowledge of African-American men and women about prostate cancer, through a health education program, as measured by pre-and-post tests; (3) Increase the number of African-American men who participate in regular prostate cancer screening; (4) Develop prostate cancer screening follow-up activities to determine the number and percentage of men that engage in prostate screening after the education intervention.

**Status:** This project is under the HBCU Health Services Research Grant Program and is in progress. It is due to end in May 2007. ■

**Awardee:**

Center for Health Services Research, University of Colorado 1355 South Colorado Boulevard, Suite 706 Denver, CO 80222

**Description:** The purpose of this project is to assess the existing home health agency (HHA) survey process and make recommendations for improvements. Improvements include patient-focused, outcome-oriented, data-driven approaches that are effective and efficient in assessing, monitoring and evaluating the quality of care delivered by an HHA. The project will also evaluate the effectiveness of current survey forms, develop new survey forms, as applicable, and make recommendations for prioritizing onsite survey time. The assessment will focus on the Outcome and Assessment Information Set, designed for the purpose of enabling the rigorous and systematic measurement of patient home health care outcomes, with appropriate adjustment for patient risk factors affecting those outcomes; and the Online Survey Certification and Reporting System.

**Status:** This project is completed. ■

**Improving the Accuracy and Consistency of the Nursing Home Survey Process - Evaluation of Quality Indicators in the Survey Process (QIS)**

**Project No:** 500-00-0032/07  
**Project Officer:** Marvin Feuerberg  
**Period:** September 2003 to June 2006  
**Funding:** \$592,822  
**Principal Investigator:** Alan White  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
55 Wheeler Street  
Cambridge, MA 02138-1168

**Description:** The original purpose of this contract was to improve the accuracy and consistency of the current nursing home survey. During the first year of the contract it became clear that an entirely new survey process - Quality Indicators in the Survey Process (QIS) - had reached a developmental point that it could replace the current survey. Given the emergence of the QIS as a real possibility, it did not make sense to direct the contract to improving the current survey when this survey is likely to be replaced by a fundamentally very different survey, the QIS. The original RFP anticipated this as a possibility. Hence, the contract has been modified to evaluating this new QIS survey.

**Improving Protocols for Home Health Agency Assessment in the Survey Process**

**Project No:** 500-00-0026/01  
**Project Officer:** Mavis Connolly  
**Period:** September 2001 to June 2006  
**Funding:** \$1,046,756  
**Principal Investigator:** Kathryn Crisler  
**Award:** Task Order (RADSTO)



The variability in the number and the scope and severity of deficiencies has been a long-standing concern both to the advocates and the nursing home industry. In addition, the survey has been criticized as an inaccurate reflection of the actual quality of care. To meet these concerns, CMS has developed under contract an entirely new process utilizing quality indicators, the QIS. This development process has been very extensive, lasting over six years and over five million in resources. This new process is intended to improve accuracy, consistency, and documentation for identified deficiencies. The beta tests indicate that the new process appears feasible and an improvement compared to the current system. The purpose of this contract is to conduct an independent evaluation of this new process under realistic conditions of actual implementation in 5 pilot States over a 12-month period.

**Status:** The 5-State demonstration began in September 2005 and consisted of surveys of record conducted by two survey teams in each of the 5 States. The initial evaluation results are very positive; the QIS is very likely to replace the current survey. However, it has not been subject to a summative evaluation: how well the QIS meets the objectives of improving the current survey within the current survey budget is unknown. A contract modification that should be effective July 2006 will essentially provide funds for the second, summative phase of the evaluation's field work.

The very substantial variation in deficiency citation rates and scope and severity determinations between States, within States, and from year-to-year has been widely noted as evidence of inconsistency in the survey. A corollary perception is that this inconsistency indicates that the survey is not accurate. Of course, providers tend to view the inconsistency and inaccuracy as evidence that the survey process is capricious and citation rates are too high. In contrast, this inconsistency is viewed by the advocates as evidence that survey agencies are too lax and more enforcement is needed. In either case, confidence in the survey is undermined. ■

### Increasing Access to Health Care for Bucks County Residents

**Project No:** 18-C-91506/03-02  
**Project Officer:** Carol Magee  
**Period:** September 2002 to September 2008  
**Funding:** \$3,339,750  
**Principal Investigator:** Sally Fabian  
**Award:** Grant  
**Awardee:** Bucks County Health Improvement Project, Inc.  
 1201 Langhorne-Newton Rd  
 Langhorne, PA 19047

**Description:** Please refer to Project number 18-P-91506/3-01 for all information regarding the 3-year Bucks County grant. Supplemental funding (18-C-91506/3-02) was awarded for 2004-2006 and 2006-2008.

**Status:** As of Fall 2006, the Bucks County Projects are still running, under a

no-cost extension/supplement from CMS, due to a rather late start-up in the initial year. The projects appear to have been successful, having met and/or exceeded their patient target numbers across the various projects. ■

### Increasing Access to Health Care for Bucks County Residents

**Project No:** 18-P-91506/03  
**Project Officer:** Carol Magee  
**Period:** September 2001 to September 2008  
**Funding:** \$3,339,750  
**Principal Investigator:** Sally Fabian  
**Award:** Grant  
**Awardee:** Bucks County Health Improvement Project, Inc.  
 1201 Langhorne-Newton Rd  
 Langhorne, PA 19047

**Description:** The project is entirely directed toward increasing access to health care for targeted vulnerable populations. Five of the Bucks County Health Improvement Project programs are already operating and will expand services to include patients in need of dental network, medication assistance, State Children's Health Insurance Program (SCHIP) outreach, adolescent mental health counseling, and influenza vaccination. A sixth program will be a new service facility comprised of two community health care clinics for low-income adults and seniors in the lower county area. Together, these six

new or expanded program services will target vulnerable subgroups of all ages. Quantitative and descriptive data are to be collected. This service-delivery expansion program is congressionally mandated.

**Status:** As of Spring 2005, the Buck's County Projects are still running, under a

no-cost extension from CMS, due to a rather late start-up in the initial year. The projects appear to have been successful, having met and/or exceeded patient target numbers across the various projects.

In September 2005, at the request of the grantee and stemming from unanticipated delays in implementation, the project was granted another no-cost extension, to run through September 9, 2006. Supplemental funds were awarded in September 2006 to fund the project through September 2008. ■

#### Influenza and Pneumococcal Analytic Reports

**Project No:** 500-96-0516/02  
**Project Officer:** Lawrence Lavoie  
**Period:** September 1996 to May 2005  
**Funding:** \$698,924  
**Principal Investigator:** Celia H. Dahlman  
**Award:** Edward Fu  
**Awardee:** Task Order (ADP Support)  
 CHD Research Associates  
 5515 Twin Knolls Road #322  
 Columbia, MD 21045

**Description:** This project develops a research database using CMS Medicare claims data to study the epidemiology of influenza (flu) and pneumococcal vaccination (PPV). National, State, and county immunization rates are calculated based on analysis of CMS Medicare claims data to support efforts to promote vaccination of Medicare beneficiaries. For example, Medicare claims records for PPV are extracted and merged to create a beneficiary-level PPV research file used to generate annual and cumulative immunization rates. Using both the PPV file and flu immunization data file, a series of national and State-specific statistics are produced. Medicare utilization and enrollment data are linked with the PPV and flu files data to analyze immunization rates of high-risk beneficiaries.

**Status:** A PPV research file update with 2004 Medicare claims has been completed. National and State-specific statistics have been published in tables and reports and posted on CMS's website, <http://www.cms.hhs.gov/AdultImmunizations/> ■

#### Influenza Treatment Demonstration

**Project No:** ORDI-05-0001  
**Project Officer:** James Coan  
**Period:** December 2004 to May 2005  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Waiver-Only Project  
**Awardee:** Centers for Medicare & Medicaid Services  
 7500 Security Boulevard  
 Baltimore, MD 21244-1850

**Description:** CMS has undertaken a demonstration project to measure the impact of providing coverage for certain anti-viral drugs to treat and/or prevent influenza.

The Influenza Treatment Demonstration provided coverage to Medicare beneficiaries for Food and Drug Administration (FDA)- approved drugs for the treatment and targeted prevention of influenza. Specifically, under this demonstration, Medicare covered certain anti-viral drugs when furnished:

- To a beneficiary with symptoms of influenza;
- As a prophylaxis for a beneficiary exposed to a person with a diagnosis of influenza; or
- To a beneficiary in an institution where there has been an outbreak of influenza.

However, the demonstration does not cover these anti-viral drugs for general prophylactic use.

**Status:** The Influenza Treatment Demonstration ended on May 31, 2005. No other activity is planned. ■

#### Informatics for Diabetes Education and Telemedicine Demonstration (IDEATel)

**Project No:** 95-C-90998/06  
**Project Officer:** Diana Ayres  
**Period:** February 2000 to February 2008  
**Funding:** \$60,000,000  
**Principal Investigator:** Steven Shea  
**Award:** Cooperative Agreement  
**Awardee:** Columbia University  
 630 West 168th St, PH 9 East,  
 Room 105  
 New York, NY 10706

**Description:** This project was mandated as a four year demonstration by Congress in the Balanced Act of 1997. In the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, Congress authorized an extension of the demonstration for an additional four years. The project focuses on Medicare beneficiaries with diabetes because of the high prevalence, cost, and complexity of this condition. It also focuses on beneficiaries living in federally designated, medically underserved areas in order to demonstrate that obstacles to bridging the “digital divide” in health care are not intrinsic to the targeted population. The project involves a consortium of health care delivery organizations in New York City (urban component) and upstate New York (rural component), industry partners who are providing hardware, software, technology, and communication services, and the American Diabetes Association, which is providing the educational web site for the project. The consortium is led by Columbia University. Intervention participants receive a home telemedicine unit (HTU) which facilitates uploading of clinical data, interaction with a nurse case manager, and patient education.

**Status:** In Phase I (February 28, 2000 to February 27, 2004) of the demonstration, the first 9 months of the project were devoted to technical implementation, field testing, personnel training, and development of the evaluation instruments and procedures. Subject enrollment began in the latter part of 2000. As of September 2002, recruitment was completed and approximately 1,665 beneficiaries were enrolled and randomized. Overall acceptability of the home telemedicine unit among participants was positive. During Phase II (February 28, 2004 to February 27, 2008), as of March 23, 2005, second generation HTUs were developed, tested, and initial deployment began to install them in the homes of participants. The experience to date indicates that large-scale home telemedicine as a strategy for disease management is technically feasible, can be performed in a fashion that meets current requirements for health care data security and the Health Insurance Portability and Accountability Act and is acceptable to those who agree to participate. Regardless, this does not preclude the extent of training and reinforcement often necessary under these circumstances to elevate enrollees to an active and participatory level. Evidence does indicate that some Medicare beneficiaries living in federally designated medically underserved areas, for reasons such as language barriers, lack of education, and various other socioeconomic indications, are unable or unwilling to use computers or the world wide web to obtain health care information and health care services. ■

## Information & Outreach Marketing Assessment Support

<b>Project No:</b>	500-00-0037/08
<b>Project Officer:</b>	Lori Teichman
<b>Period:</b>	February 2005 to December 2005
<b>Funding:</b>	\$247,521
<b>Principal Investigator:</b>	
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Bearing Point 1676 International Drive McLean, VA 22102-4828

**Description:** The purpose of this task order is a follow-on action that the contractor shall have to incorporate an additional level of effort in their current work due to two additional CMS initiatives: the Medicare Savings Plan and the Destination Rx initiatives. These initiatives have a sense of urgency and are being directed through OIG. This task supports the original Statement of Work in the “Assessment of the Medicare & You Education Program” in 500-00-0037, Task Order #3, because it is an assessment of outreach to hard-to-reach, low-income beneficiaries.

**Status:** The project has been completed and all project deliverables were completed as fully satisfactory for CMS. ■

## Institute for End-of-Life Care

<b>Project No:</b>	18-P-91855/08-01
<b>Project Officer:</b>	Melissa Harris
<b>Period:</b>	September 2003 to June 2005
<b>Funding:</b>	\$496,750
<b>Principal Investigator:</b>	
<b>Award:</b>	Bev Sloan Grant
<b>Awardee:</b>	Hospice of Metro Denver 425 South Cherry Street, Suite 700 Denver, CO 80246-1234

**Description:** Hospice of Metro Denver will be designing and implementing an Institute for End-of-Life Care, a center for palliative and end-of-life care and education. This center will conduct training to health care professionals and develop palliative care models to effect more positive end-of-life outcomes. ■

**Status:** The grant ended on June 29, 2005. ■

## Integrated Chronic Disease Quality Performance Measurement at the Physician Level

**Project No:** 500-00-0035/01  
**Project Officer:** John Young  
**Period:** September 2001 to April 2006  
**Funding:** \$1,519,992  
**Principal Investigator:** Linda May  
**Award:** Task Order (RADSTO)  
**Awardee:** C.N.A. Corporation  
4825 Mark Center Drive  
Alexandria, VA 22311-1850

**Description:** This project is to assist CMS in developing efficiency measures at the physician office level. This project will help to define efficiency using cost of care and quality of care measures for chronic disease and prevention using existing clinical performance measures and survey tools to abstract data that will be used to model these concepts. Performance measurement supports CMS program management and policy development purposes such as quality improvement in the Quality Improvement Organizations program, demonstration of accountability, and value-based purchasing. The primary vehicle for this initial work is applying knowledge gained using the existing clinical performance measures and survey tools at the physician office level to develop a framework developing efficiency measures for quality of care in the ambulatory care setting.

**Status:** This project is complete. A final report has been received. ■

One example of an “episode of care” is inpatient treatment and post-acute care for stroke where the patient would benefit from improved coordination of the range of services required for this diagnosis. A single episode payment would cover Part A (all benefits available to the covered population) and Part B (physician and possibly other services covered under Part B). This demonstration will compare alternate methods for calculating payment rates using different assumptions such as co-morbid conditions, stage of diagnosis, and mix of services.

**Status:** Several tasks under this contract have been postponed and/or delayed. The contractor is currently concentrating on the task of developing a Post Acute Integrated Payment demonstration to be implemented in the Mercy Medical network of post acute providers in Alabama. This system will cover services provided in inpatient rehabilitation hospitals, skilled nursing facilities, and home health agencies. ■

## International Comparative Data and Analysis of Health Care Financing and Delivery Systems - II

**Project No:** 500-00-0010  
**Project Officer:** David Skellan  
**Period:** August 2000 to August 2005  
**Funding:** \$1,925,319  
**Principal Investigator:** Manfred Huber  
**Award:** Contract  
**Awardee:** Organization for Economic Cooperation and Development  
2, Rue Andre-Pascal  
75775 Paris Cedex 16, France,

## Integrated Payment Option Support Contract

**Project No:** 500-00-0024/06  
**Project Officer:** J. Sherwood  
**Period:** September 2002 to September 2007  
**Funding:** \$658,775  
**Principal Investigator:** Gregory Pope  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis Road  
Research Triangle Park, NC 27709-2194

**Description:** This demonstration utilizes the capabilities of integrated delivery systems by offering a financial incentive to manage care and integrate services for beneficiaries across an entire defined episode of care.

**Description:** The Organization for Economic Cooperation and Development (OECD) has developed a unique database that contains information on health care financing and use in industrialized Western nations. This project obtains these data on an ongoing basis, updates and expands them, and provides a series of papers that analyze the trends in Western-developed nations and their policy relevance to the United States. These data are the source of statistics comparing health spending (usually expressed as a percentage of gross domestic product, or in U.S. dollars per capita) in the United States and other Western developed nations.

**Status:** The annual publication, OECD Health Data 2005, the most comprehensive source of comparable statistics on health and health systems across the 30 member countries of the OECD (including the United States), was released in June 2005. Core indicators, such as health expenditures, are now available up to 2003. For the first time, an online version of the database was

released, to complement the full application available on CD-ROM.

The contract ended in August 2005. ■

### Investigation of Increasing Rates of Hospitalization for Ambulatory Care Sensitive Conditions among Medicare Beneficiaries

**Project No:** 500-00-0024/09  
**Project Officer:** Mary Kapp  
**Period:** September 2002 to December 2004  
**Funding:** \$172,671  
**Principal Investigator:** Nancy McCall  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The purpose of this project is to examine trends in the rates of inpatient hospital care of the elderly for ambulatory care sensitive conditions (ACSC) or avoidable hospitalizations. This project uses existing Medicare data to examine the nature of the increases in ACSC hospitalizations, identify the sub-populations most affected, and explore more fully the reasons for these trends, with particular emphasis on policy issues which offer promise to reverse the trends. CMS data also provide sufficient sample size to permit investigation of supply factors, access issues, and geographic patterns.

**Status:** This project has been completed. The final report is available here:

[http://www.cms.hhs.gov/reports/downloads/McCall\\_2004\\_3.pdf](http://www.cms.hhs.gov/reports/downloads/McCall_2004_3.pdf) ■

### Iowa Prescription Drug Cooperative

**Project No:** 18-C-91369/07-02  
**Project Officer:** Pamela Morrow  
**Period:** March 2001 to September 2004  
**Funding:** \$1,500,000  
**Principal Investigator:** Ann Kinzel  
**Award:** Grant  
**Awardee:** Iowa, Department of Public Health  
 Lucas State Office Building  
 DeMoines, IA 50319

**Description:** CMS awarded funds to the Iowa Department of Public Health to establish a non-profit corporation, with directors from the public and private sectors, to operate a buying cooperative designed to reduce the burden of high prescription cost on Iowa seniors. Congress appropriated \$1 million in the FY 2001 research budget for the demonstration. CMS approved an additional amount of \$500,000 from its research budget to enable Iowa to lower the seniors' annual fee. Reducing expenditures on medications occurs in two ways: by negotiating discounts/rebates with pharmaceutical companies so seniors can purchase medications at a discount without the entire burden being shifted to the pharmacy; and by Seniors, on the recommendation of their physicians and/or pharmacists, choosing to substitute a medication that costs less but is equally therapeutically effective and safe

The program targets approximately 470,000 Medicare beneficiaries who do not have an insured drug benefit or are eligible for Medicaid. Members of the cooperative pay an annual fee of \$20, and receive an initial drug therapy assessment to provide the baseline for ongoing assessment to assure safety and effectiveness of drug therapies. Each time the member fills a prescription, the medication is checked for safety and effectiveness through a prospective drug utilization review process. In addition, members are encouraged to use less expensive brand name drugs and generic drugs through consultation with the physician, pharmacist, and patient. Prescription drugs are discounted approximately 10 percent. The program also includes an education and communication component directed at physicians and pharmacists so that they can help seniors to be cost-conscious.

**Status:** The project ended in September 2004 and was transitioned into a Medicare Approved Discount Drug Card.

The key finding in this project was that performing an assessment of the medication taken by seniors is crucial to eliminate the possibility of adverse interactions. In the Brown Bag assessments that were performed during the course of this project, many pharmacists were able to identify situations where over-the-counter-drugs and/or herbal supplements caused an adverse interaction with the prescription drugs that the seniors were taking.

The Iowa Prescription Drug Card became a model for the new Medicare Approved Discount Drug Card, as many manufacturers are now requiring that the discount cards pass on 100 percent of the discount to the Medicare patient. This is one of the biggest changes in discount cards, since previously most pharmacy benefit managers

have retained some percentage of the discounts offered by manufacturers.

A final report has been issued for this project. ■

**Latino Health Care Collaborative (LHCC): A Community-Based Assessment of Hispanic Health in the District of Columbia**

**Project No:** 25-P-91914/03-02  
**Project Officer:** Richard Bragg  
**Period:** September 2003 to December 2005  
**Funding:** \$250,000  
**Principal Investigator:** Kristin Jerger, MD  
**Award:** Grant  
**Awardee:** Council of Latino Agencies  
2437 15th St., NW  
Washington, DC 20009

**Description:** The Council of Latino Agencies (CLA) in collaboration with three community-based health clinics (La Clinica del Pueblo, Mary's Center for Maternal and Child Care, and Andromeda) is implementing this project. The study has three objectives: (1) obtain reliable baseline data on health status and health disparities experienced by the Hispanic community in D.C.; (2) design and conduct an education intervention to improve health related attitudes, knowledge, and practices toward self and family among Hispanic residents; and (3) evaluate the impact of this project in the Hispanic community. LHCC will focus on assessing the health of a representative sample of the 45,000-55,000 Hispanic residents in the District of Columbia by collecting baseline data about health disparities among Hispanic residents.

**Status:** This project is completed. It was under the Hispanic Health Services Research Grant Program. ■

**Logistical Support to ESRD Bundled Case-Mix Adjusted Payment Demonstration Advisory Board**

**Project No:** HHSM-500-2004-00003I/06  
**Project Officer:** Pamela Morrow  
**Period:** March 2005 to March 2007  
**Funding:** \$207,199  
**Principal Investigator:**  
**Award:** Task Order  
**Awardee:** Destiny Management Services, LLC  
8720 Georgia Avenue  
Silver Spring, MD 20910

**Description:** The contractor will execute FACA compliant public meetings, provide meeting support and services for CMS and the Advisory Board on the Demonstration of a Bundled Case-Mix Adjusted Payment System for ESRD Services members.

**Status:** No meetings of the ESRD Advisory Board have been held in 2006. CMS will continue to use this contractor when the next meetings are scheduled. ■

**Long Term Care Hospital Payment System Refinement/Evaluation**

**Project No:** 500-00-0024/20  
**Project Officer:** Judith Richter  
**Period:** September 2004 to March 2007  
**Funding:** \$722,123  
**Principal Investigator:** Barbara Gage  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis Road  
Research Triangle Park, NC 27709-2194

**Description:** The contractor shall provide a wide variety of statistical data and policy analysis to evaluate the LTCH PPS and its effect on overall Medicare payments and also to determine the feasibility of CMS establishing facility and patient level criteria for LTCHs.

**Status:** The project is underway. ■

**Maine 1115 HIV/AIDS**

**Project No:** 11-W-00128/01  
**Project Officer:** Camille Dobson  
**Period:** July 2002 to June 2007  
**Funding:** \$0  
**Principal Investigator:** Laureen Biczak  
**Award:** Brenda McCormick  
**Awardee:** Waiver-Only Project  
 Maine Department of Human Services, Bureau of Medical Services  
 11 State House Station, 442 Civic Center Drive  
 Augusta, ME 04333-0011

**Description:** This is a section 1115 demonstration that provides a limited set of Medicaid benefits to individuals with HIV/AIDS who would not otherwise be eligible for Medicaid. The demonstration expands access to those without health insurance, allows individuals to become eligible for treatment through the demonstration without having to spend down, and allows individuals to be involved in gainful activity. This expansion population includes individuals with HIV/AIDS with a gross family income up to 300 percent of the Federal Poverty Level (FPL). However, the State revised the eligibility criteria to include in the demonstration individuals who are HIV positive and whose family income is at or below 250 percent of the Federal Poverty Level (FPL). The demonstration provides more effective early treatment of HIV disease by making available a limited but comprehensive package of services, including anti-retroviral therapies. The State believes that early treatment and case management services provided to individuals with HIV/AIDS reduces expensive hospitalizations and improves the quality of life for individuals who are able to enroll in the demonstration. Persons enrolled in the demonstration are responsible for payment of monthly premiums and service co-payments. If necessary, the State will limit the number of individuals who enroll in the demonstration, and will adopt a waiting list function. Individuals who, through the course of the demonstration, become eligible for non-demonstration Medicaid will be enrolled in the non-demonstration Medicaid Program.

**Status:** Maine's 1115 HIV/AIDS demonstration program was approved on February 24, 2000. The demonstration was implemented on July 1, 2002. On August 16, 2002, Maine submitted an amendment to allow providers to refuse service delivery to uninsured persons in the demonstration that do not pay the co-payment. CMS approved the amendment request on January 17, 2003. Current enrollment is 256. ■

**Maintain Independence and Employment****Demonstration -- Mississippi**

**Project No:** 11-P-91175/04  
**Project Officer:** Shawn Terrell  
**Period:** October 2000 to December 2007  
**Funding:** \$500,000  
**Principal Investigator:** Bo Bowen  
**Award:** Grant  
**Awardee:** Mississippi, Office of Governor, Division of Medicaid  
 Robert E. Lee Building, 239 N. Lamar St., Suite 801, Hinds County Jackson, MS 39201

**Description:** The Demonstration to Maintain Independence and Employment (DMIE) was created by section 204 of the Ticket to Work and Work Incentives Improvement Act of 1999 (TWIIA). The demonstration allows States to provide medical assistance and other support services to people with potentially severe disabilities who are at risk of becoming disabled and eligible for cash assistance from the Social Security Administration.

The Mississippi Project uses the grant award, in conjunction with State funds, to cover persons with HIV/AIDS who work or are willing to return to work. Full Medicaid benefits and services, as well as case management, is provided to the demonstration participants to ensure that they have access and coverage for medical, mental, and social support services necessary to maintain employment and their quality of life. The demonstration site is in nine counties in the Mississippi Delta where there is a relatively high rate of HIV/AIDS, and limited health care resources for people with HIV/AIDS.

**Status:** The project is underway. ■

**Managing Medical Care for Nursing Home Residents (Evercare)**

**Project No:** 95-C-90174  
**Project Officer:** Dennis Nugent  
**Period:** September 1995 to December 2004  
**Funding:** \$0  
**Principal Investigator:** John R. Mach, Jr., M.D.  
**Award:** Waiver-Only Project

**Awardee:** Evercare  
9900 Bren Road East  
Minnetonka, MN 55343

**Description:** The Evercare Demonstration was developed to study the effectiveness of managing the acute care needs of Medicare beneficiaries who are long-stay nursing home residents. The objective of the project was to determine if providing enhanced primary care to this population could prevent hospitalizations and reduce the total cost of care.

A physician/nurse practitioner team was assigned to each of the participating nursing homes to help manage and monitor the care of the program's enrollees. They worked collaboratively with the facility's nursing staff to assist in problem solving and in coordinating the most appropriate and efficient care for the beneficiary. In addition, they were also responsible for scheduling clinic and outpatient appointments and authorizing hospitalizations. The nurse practitioners also conducted an assessment and comprehensive evaluation of each Evercare member to measure health status and functional level. Evercare demonstration sites were located in Atlanta, Baltimore, Boston, Denver, Phoenix, and Tampa.

**Status:** The average age of an Evercare member was 85 years old. About 75 percent of their population membership was female and a similar percentage had dementia. An evaluation of the demonstration was conducted by the University of Minnesota's Division of Health Services Research and Policy. The project ended on December 31, 2004. ■

#### Massachusetts Welfare Reform, 1995

**Project No:** 11-W-00065/01  
**Project Officer:** Joan Peterson  
**Period:** November 1995 to November 2005  
**Funding:** \$0  
**Principal Investigator:** Gerald Whitburn  
**Award:** Waiver-Only Project  
**Awardee:** Executive Office of Health and Social Services  
One Ashburton Place, Room 1109  
Boston, MA 02108

**Description:** The major components of this demonstration were a 2-year time limit on Aid to Families with Dependent Children (AFDC) within every 60 months, with extensions in certain cases, and a work requirement for those on AFDC for more than 60 days. Certain recipients were exempt from the time

limit and the work requirement (e.g., the disabled and pregnant women). Recipients who were not exempt were asked to sign an Employment Development Plan. The plan addressed such requirements as school attendance for children and underage parents, immunizations for children, and employment-related requirements for adults. Additional incentives are being provided to encourage people to work. These include income disregards and transitional Medicaid. Medicaid waivers were required in order to provide 12 months transitional Medicaid to families without regard to income.

**Status:** The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 on August 22, 1996, permits States to continue many of the policies that had previously required waivers of pre-welfare reform Title IV-A by submitting a Temporary Assistance for Needy Families plan to the Administration for Children and Families. Unless otherwise indicated, States have elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstrations. Unable to obtain status from ACF. ■

#### Mauli Ola (Spirit of Life) Project

**Project No:** 18-P-91142/09  
**Project Officer:** Mary Kapp  
**Period:** September 2000 to December 2005  
**Funding:** \$2,500,000  
**Principal Investigator:** Charman Akina  
**Award:** Grant  
**Awardee:** Waimanalo Health Center  
41-1347 Kalanianaole Highway  
Waimanalo, HI 96795

**Description:** Mauli Ola ("spirit of life") is an intensive and comprehensive community-wide outreach and preventive health program. It aims to increase positive motivators at both the individual and community levels through deliberate efforts to encourage individuals, families, and the community to reassess and, where appropriate, recreate culturally relevant health and healing paradigms. Mauli Ola strategies include: (1) culturally reinforced and medically sound outreach and health awareness; (2) health screening, early detection, and referral; and (3) health education, family nutrition, and exercise programs. The target population is the entire Waimanalo ahupua'a (a traditional Hawaiian integrated, self-sustaining, geographically-defined community), comprised largely of Native Hawaiians, and other American Asian/Pacific Islanders, located in a rural agricultural area of southeast Oahu, Hawaii.

**Status:** During this five year project, a total of 5,449 screenings to 3,802 people were provided. Participants were screened on eleven items including diabetes, cholesterol, and other risk factors for cardiovascular disease. Of those screened, more than half were flagged for at least four risk factors. Screenings identified 221 newly diagnosed diabetics. High risk individuals and their families were offered a week-long education program focused on healthy lifestyles, including meal preparation demonstrations; 209 families completed this 10 hour program. ■

### Maximizing the Cost Effectiveness of Home Health Care: The Influence of Service Volume and Integration with Other Care Settings on Patient Outcomes

**Project No:** 17-C-90435/08  
**Project Officer:** Ann Meadow  
**Period:** February 1998 to January 2005  
**Funding:** \$1,496,245  
**Principal Investigator:** Robert Schlenker  
**Award:** Cooperative Agreement  
**Awardee:** Center for Health Services Research, University of Colorado 1355 South Colorado Boulevard, Suite 706 Denver, CO 80222

**Description:** The objective of this project was to examine the pre-Prospective Payment relationships between home health volume and outcomes for Medicare patients age 65 and over. The study included four patient conditions: Congestive Heart Failure (CHF), Stroke, Hip Procedures, and Wounds (other than hip procedure wounds). A stratified random sample of agencies and patients was selected from high-, medium-, and low-volume States (with volume measured as Medicare home health visits per home health user in 1994). Primary and secondary data on patient case mix, outcomes, and home health and other Medicare service utilization were obtained on 3353 patients (4014 episodes) from 91 home health agencies in 22 States in the 1996-1998 period (all episodes began before implementation of the Interim Payment System in October 1997). The data collection instrument was a precursor of the Outcome and Assessment Information Set (OASIS) and study outcome measures were similar to those now used by CMS in reports to home health agencies and the public. Volume was measured as resource consumption per episode (i.e., visits times, standardized cost per visit for each discipline). Forty-one aggregate and individual outcomes covering functional and health status as well

as hospitalization were analyzed. Changes in outcomes associated with unit changes in resource consumption were estimated.

**Status:** This project has been completed. ■

### Medicaid Analytic Extract (MAX) Data

#### Development: 2003-2007

**Project No:** 500-00-0047/06  
**Project Officer:** David Baugh  
**Period:** September 2005 to September 2007  
**Funding:** \$1,122,740  
**Principal Investigator:** Suzanne Dodds  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research, (DC) 600 Maryland Avenue, SW, Suite 550 Washington, DC 20024-2512

**Description:** The purpose of this task order is to have Medicaid eligibility and services claims experts to develop business "rules" to transform Medicaid (and SCHIP) person-level data records from the Medicaid Statistical Information System (MSIS) into records in the Medicaid Analytic eXtract (MAX) system. These business rules involve a number of activities related to eligibility, type of service and combination of MSIS claims to create MAX final action service records. This involves reviewing MSIS documentation, developing MSIS to MAX business "rules", possible interaction with State Medicaid agency personnel to gather information, clarify issues and/or devise corrective action strategies. The contractor passes the business "rules" to another party, known here as the MAX producer, who processes the MSIS files according to the MAX business rules to create the MAX data files. Once the MAX producer develops MAX data, this contractor performs a comprehensive assessment of data quality and validity to assure that the final MAX data are of the highest possible quality. The validation process may involve a number of iterations between the MAX producer and the contractor until data quality issues are resolved. Upon acceptance of the final MAX data files, the contractor assists the Federal project officer to prepare the data for access by the user community which includes CMS, other HHS components, other Federal and State agencies, foundations, consulting firms, and academic institutions. This includes preparation of explanatory materials on the business rules, data validation reports, data anomaly reports and limited technical consultation on data issues. Interested parties may obtain additional information at the CMS MAX web site: <http://www.cms.hhs.gov/Medi>

caidDataSourcesGenInfo/07\_MAXGeneralInformation.asp#TopOfPage

**Status:** The contractor has begun work on the development of MAX data for 2003. We anticipate that these data will be available to the user community by early 2007. ■

### Medicaid and Medicare Drug Pricing-Development and Implementation of Strategy to Determine Market Prices

**Project No:** 500-00-0049/01  
**Project Officer:** Deirdre Duzor  
**Period:** September 2003 to June 2005  
**Funding:** \$2,999,284  
**Principal Investigator:** Marian Wrobel, Ph.D.  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
                   55 Wheeler Street  
                   Cambridge, MA 02138-1168

**Description:** Under the Medicaid Program, States have the option to cover outpatient drugs. All States have chosen to exercise this option. In 2002, Medicaid spending on drugs topped \$23 billion. This is an increase of 18 percent over 2001. From Federal Fiscal Year (FY) 1997-2000, Medicaid expenditures on outpatient drugs grew more than twice as fast as total Medicaid spending, accounting for over 16 percent of total spending growth over that period. The President's proposed budget for FY 2004 projects Medicaid outpatient drug costs to continue to rise at an average rate of 12 percent over the 5-year period.

The Medicare Program offers a more limited drug benefit than is available in Medicaid. Under Part B of Medicare, drugs (including biologicals) covered are those that cannot be self-administered or are provided in conjunction with durable medical equipment. In addition, Medicare covers certain self-administered drugs used to treat cancer and for immunosuppressive therapy. The law sets payment for these drugs at 95 percent of average wholesale price (AWP). In 2002, Medicare spent \$8 billion on these drugs. Spending is projected to increase at 25 percent annually.

In light of the rapid growth in drug costs, CMS and States are interested in developing strategies to reduce costs, such as lowering the amount paid for drugs.

**Status:** The scope of work was expanded on September 30, 2004 to include a case study of the Texas Vendor Program prices. The contract has been extended until June 30, 2005. The final report on Phase 1 was delivered on June 21, 2004. The final report for the case study was delivered September 26, 2005. ■

### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Alabama

**Project No:** 95-P-92265/04-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$169,720  
**Principal Investigator:** Cathy Caldwell  
**Award:** Grant  
**Awardee:** Alabama Department of Public Health Children's Health Insurance Program  
                   P.O. Box 303017, Suite 250  
                   Montgomery, AL 36130-3017

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS as required. ■

### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Arizona

**Project No:** 95-P-92274/09-01  
**Project Officer:** Wayne Slaughter  
**Period:** September 2003 to September 2004  
**Funding:** \$647,154  
**Principal Investigator:** Sharon Miller  
**Award:** Grant  
**Awardee:** Arizona Health Care Cost Containment System  
                   701 East Jefferson, MD 7000  
                   Phoenix, AZ 85034

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the PAM project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** This project is complete. ■

#### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Arkansas

**Project No:** 95-P-92273/06-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$195,442  
**Principal Investigator:** Robin Raveendran  
**Award:** Grant  
**Awardee:** Arkansas, Department of Health and Human Services  
 Division of Medical Services  
 UR PO Box 1437  
 Little Rock, AR 72203-1437

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

#### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Delaware

**Project No:** 95-P-92264/03-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$188,577  
**Principal Investigator:** Susan Parker  
**Award:** Grant  
**Awardee:** Delaware Health and Social Services (New Castle)  
 1901 North DuPont Highway  
 New Castle, DE 19720

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

#### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Idaho

**Project No:** 95-P-92268/00-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$371,000  
**Principal Investigator:** DeeAnn Moore  
**Award:** Grant  
**Awardee:** Idaho Department of Health and Welfare  
 P.O. Box 83720  
 Boise, ID 83720-0036

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national-level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

#### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Iowa

**Project No:** 95-P-92258/07-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$300,000  
**Principal Investigator:** Patricia Ernst-Becker  
**Award:** Grant

**Awardee:** Iowa, Department of Human Services  
Hoover Building, 5th Fl, 1305 E. Walnut St.  
Des Moines, IA 50319-0114

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

#### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Louisiana

**Project No:** 95-P-91684/06-03  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$190,500  
**Principal Investigator:** Joseph Kopsa  
**Award:** Grant  
**Awardee:** Louisiana, Department of Health and Hospitals  
P.O. Box 91030  
Baton Rouge, LA 70821-9030

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

#### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Massachusetts

**Project No:** 95-P-92269/01-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$500,000  
**Principal Investigator:** Mary Fontaine  
Beth Waldman  
**Award:** Grant  
**Awardee:** Massachusetts, Department of Ashburton Pl, Room 1109  
Boston, MA 02108

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS as required. ■

#### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - North Carolina

**Project No:** 95-P-91680/04-03  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$233,483  
**Principal Investigator:** Carleen Massey  
**Award:** Grant  
**Awardee:** North Carolina Department of Health & Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-2515

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS as required. ■

### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - North Dakota

**Project No:** 95-P-91686/08-03  
**Project Officer:** Wayne Slaughter  
**Period:** September 2003 to September 2004  
**Funding:** \$88,968  
**Principal Investigator:** Maggie Anderson  
**Award:** Grant  
**Awardee:** North Dakota, Department of Human Services, (Bismarck)  
 600 E. Boulevard Ave., Dept 325  
 Bismarck, ND 58505-0250

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national-level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** This project is completed. ■

### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - San Diego

**Project No:** 95-P-92270/08-01  
**Project Officer:** Wayne Slaughter  
**Period:** September 2003 to September 2004  
**Funding:** \$100,000  
**Principal Investigator:** Damian L. Prunty  
**Award:** Grant  
**Awardee:** South Dakota Dept. of Social Services, Office of Medical Services  
 700 Governors Dr.  
 Pierre, SD 57501-2291

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national-level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** This project is completed. ■

### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Texas

**Project No:** 95-P-91683/06-03  
**Project Officer:** Christine Jones  
**Period:** September 2002 to February 2005  
**Funding:** \$166,740  
**Principal Investigator:** Cindy Wiley  
**Award:** Grant  
**Awardee:** Texas, Health and Human Services Commission  
 P.O. Box 13247  
 Austin, TX 78711-3247

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Utah

**Project No:** 95-P-92261/08-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$77,755  
**Principal Investigator:** Steven Gatzemeier  
**Award:** Grant  
**Awardee:** Utah Department of Health/HCF  
 Box 143103  
 Salt Lake City, UT 84114-3103

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Washington

**Project No:** 95-P-91681/00-03  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$133,569  
**Principal Investigator:** Ron Armstrong  
**Award:** Grant  
**Awardee:** Washington Department of Social and Health Services  
 P.O. Box 45600  
 Olympia, WA 98503-5503

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national-level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - West Virginia

**Project No:** 95-P-92266/03-01  
**Project Officer:** Wayne Slaughter  
**Period:** September 2003 to September 2004  
**Funding:** \$104,090  
**Principal Investigator:** Terry A. Harless  
**Award:** Grant  
**Awardee:** West Virginia Children's Health Insurance Program  
 1018 Kanawha Blvd., East, Suite 209  
 Charleston, WV 25301

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** This project is complete. ■

### Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Wyoming

**Project No:** 95-P-91679/08-03  
**Project Officer:** Christine Jones  
**Period:** September 2003 to September 2004  
**Funding:** \$72,293  
**Principal Investigator:** Teri L. Green  
**Award:** Grant  
**Awardee:** Wyoming, Department of Health  
 6101 N. Yellowstone Road, Room 259B  
 Cheyenne, WY 82002

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all States using a single methodology that can produce both State-specific and national-level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

### Medicaid Buy-In Outcomes Work Incentives Systems--TWWIIA

**Project No:** 500-00-0047/03  
**Project Officer:** Joseph Razes  
**Period:** September 2002 to September 2005  
**Funding:** \$960,248  
**Principal Investigator:** Craig Thornton  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research, (Princeton)  
 600 Alexander Park, PO Box 2393  
 Princeton, NJ 08543-2393

**Description:** This task order is to conduct an analysis of State outcomes where working individuals with disabling conditions have enrolled in a Medicaid buy-in under the Balanced Budget Act or Ticket to Work and Work Incentives Improvement Act. Information to be analyzed includes core data elements using administrative and population-based data sets. Specific study questions addressed are: 1) what are the outcomes for workers with disabling conditions in States that offer Medicaid coverage via a Medicaid buy-in; 2) what general observations from the data can be drawn, and what lessons have we learned from States offering Medicaid

buy-ins; and 3) what additional information is needed to better assess the effectiveness of Medicaid buy-ins, and what are some of the policy implications that need further study?

**Status:** The project is completed and a final report was received. ■

### Medicaid Demonstration Project for Los Angeles County

**Project No:** 11-W-00076/09  
**Project Officer:** Gary Jackson  
**Period:** July 1995 to June 2005  
**Funding:** \$0  
**Principal Investigator:** Bridgitte Baul  
**Award:** Waiver-Only Project  
**Awardee:** California, Department of Health Services  
 1501 Capitol Avenue, Suite 71.6086,  
 MS 4000, PO Box 942732  
 Sacramento, CA 94234-7320

**Description:** The original 5-year demonstration was approved in April 1996 for the period July 1, 1995 through June 30, 2000. The demonstration made Federal funds available to the county in order to stabilize its public health system and assist the process of restructuring the County health care delivery system to rely more on primary and outpatient care. The State submitted a 5-year extension proposal to CMS in October of 1999 indicating that the county needed more time to complete its restructuring efforts. On January 17, 2001, CMS approved a 5-year extension to the demonstration for the period July 1, 2000 through June 30, 2005. The extension provided \$900 million in Federal financial support to the county in order to allow it to continue its restructuring efforts, provide health services to its indigent population, and provide enhanced clinic reimbursement to clinics participating in the demonstration.

**Status:** On June 30, 2005, the demonstration terminated and was not renewed. ■

### Medicaid Payment Accuracy Measurement (PAM) Project

**Project No:** 500-00-0051/01  
**Project Officer:** Christine Jones  
**Period:** September 2001 to June 2005  
**Funding:** \$1,208,037  
**Principal Investigator:** Paul Hogan  
**Award:** Task Order (RADSTO)  
**Awardee:** Lewin Group  
 3130 Fairview Park Drive, Suite 800  
 Falls Church, VA 22042

**Description:** The Medicaid Payment Accuracy Measurement (PAM) Project will develop and pilot test several methodologies that CMS will use to (1) identify State-specific payment accuracy rates; (2) compare payment accuracy between States; (3) estimate payment accuracy nationally; and (4) assist with the creation of statistical sampling designs that produce statistically valid results on both macro and micro problem identification. The Payment Accuracy Rate is essential for accurately determining the extent of improper payment and in helping to determine where to invest resources to improve the payment system. Creation of statistically valid common methodologies that can be used by all States is particularly challenging. Determining whether common methodologies are feasible is a high priority for CMS and is a Government Performance and Results Act goal. In addition to researching the feasibility of common methodologies, the development of measurement tools that can be tailored to individual State programs will help reduce inaccurate payments, recover overpayments, and target reviews on the specific providers or services that are most problematic. This project identifies methodologies that are effective for States and are valid for State-to-State comparisons, and determines the feasibility of a national estimate. It begins with a pilot test with 9 States and is expected to expand to 15 States.

**Status:** This contract has ended. ■

### Medicaid Payment Accuracy Measurement (PAM) Project - Arizona

**Project No:** 95-P-93013/9-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$647,154  
**Principal Investigator:** Kim Wilson  
**Award:** Grant  
**Awardee:** Arizona Health Care Cost Containment System  
 701 East Jefferson, MD 7000  
 Phoenix, AZ 85034

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

### Medicaid Payment Accuracy Measurement (PAM) Project - Colorado

**Project No:** 95-P-92260/08-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to September 2004  
**Funding:** \$221,395  
**Principal Investigator:** Kelly Heltzel  
**Award:** Grant  
**Awardee:** Colorado, Department of Health Care Policy and Financing  
 1570 Sherman Street  
 Denver, CO 80203-1714

**Description:** In FY 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both state-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

### Medicaid Payment Accuracy Measurement (PAM) Project - California

**Project No:** 95-P-92267/09-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$825,361  
**Principal Investigator:** Doug Smith  
**Award:** Grant  
**Awardee:** California Department of Health Services  
 591 North 7th Street, 1st Fl, PO Box 942732  
 Sacramento, CA 94237-7320

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM)

### Medicaid Payment Accuracy Measurement (PAM) Project - District of Columbia

**Project No:** 95-P-92263/03-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to March 2005  
**Funding:** \$295,328  
**Principal Investigator:** Bernardo Gonzales  
**Award:** Grant  
**Awardee:** District of Columbia, Department of Health, Medical Assistance Administration  
 Suite 5135, N. Capitol St., NE  
 Washington, DC 20002

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM project grant recipient submitted its final report to CMS as required. ■

#### Medicaid Payment Accuracy Measurement (PAM) Project - Florida

**Project No:** 95-P-91806/04-02  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$341,389  
**Principal Investigator:** Nancy Ross  
**Award:** Grant  
**Awardee:** Florida, Agency for Health Care Administration, (Mahan Dr) 2727 Mahan Drive Tallahasee, FL 32308

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS as required. ■

#### Medicaid Payment Accuracy Measurement (PAM) Project - Indiana

**Project No:** 95-P-91804/5-02  
**Project Officer:** Christine Jones  
**Period:** September 2003 to February 2005  
**Funding:** \$162,500  
**Principal Investigator:** Patricia Nolting  
**Award:** Grant  
**Awardee:** Iowa, Department of Human Services  
Hoover Building, 5th Fl, 1305 E. Walnut St.  
Des Moines, IA 50319-0114

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS as required. ■

#### Medicaid Payment Accuracy Measurement (PAM) Project - Kentucky

**Project No:** 95-P-92259/04-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to January 2005  
**Funding:** \$264,700  
**Principal Investigator:** Jerri Heltzel Robinson  
**Award:** Grant  
**Awardee:** Kentucky Department for Medicaid Services  
275 E Main Street, 6 E B  
Frankfort, KY 40601

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM)

Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

### Medicaid Payment Accuracy Measurement (PAM) Project - Minnesota

**Project No:** 95-P-91685/05-02  
**Project Officer:** Christine Jones  
**Period:** October 2003 to December 2004  
**Funding:** \$0  
**Principal Investigator:** Gina Kiser  
**Award:** Grant  
**Awardee:** Minnesota, Department of Human Services  
 P.O. Box 64983  
 St. Paul, MN 55164-0983

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The original grant funding of \$264,250 was rolled over from the previous year's PAM pilot. The PAM project grant recipient submitted its final report to CMS as required. ■

### Medicaid Payment Accuracy Measurement (PAM) Project - North Dakota

**Project No:** 95-P-91686/8-03  
**Project Officer:** Christine Jones  
**Period:** September 2003 to September 2004  
**Funding:** \$13,524  
**Principal Investigator:** Maggie Anderson  
**Award:** Grant  
**Awardee:** North Dakota, Department of Human Services, (Bismarck)  
 600 E. Boulevard Ave., Dept 325  
 Bismarck, ND 58505-0250

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

### Medicaid Payment Accuracy Measurement (PAM) Project - Oklahoma

**Project No:** 95-P-91808/06-02  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$176,936  
**Principal Investigator:** Kelly Shropshire  
**Award:** Grant  
**Awardee:** Oklahoma, Health Care Authority  
 4545 N. Lincoln Blvd., Suite 124  
 Oklahoma City, OK 73105

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

## Medicaid Payment Accuracy Measurement (PAM) Project - South Carolina

**Project No:** 95-P-92262/04-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$146,000  
**Principal Investigator:** Kathleen Snider  
**Award:** Grant  
**Awardee:** South Carolina, Department of Health and Human Services  
 PO Box 8206  
 Columbia, SC 29202-8206

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

## Medicaid Payment Accuracy Measurement (PAM) Project - Virginia

**Project No:** 95-P-92271/03-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$289,331  
**Principal Investigator:** Sharon Long  
**Award:** Grant  
**Awardee:** Virginia, Department of Medical Assistance Services  
 600 East Broad St, Suite 1300  
 Richmond, VA 23219

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS. ■

## Medicaid Payment Accuracy Measurement (PAM) Project - South Dakota

**Project No:** 95-P-92270/8-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to December 2004  
**Funding:** \$100,000  
**Principal Investigator:** Damian L. Prunty  
**Award:** Grant  
**Awardee:** South Dakota Dept. of Social Services, Office of Medical Services  
 700 Governors Dr.  
 Pierre, SD 57501-2291

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP. In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

## Medicaid Payment Accuracy Measurement (PAM) Project - West Virginia

**Project No:** 95-P-92266/3-01  
**Project Officer:** Christine Jones  
**Period:** September 2003 to January 2005  
**Funding:** \$104,090  
**Principal Investigator:** Stacey Shamblin  
**Award:** Grant  
**Awardee:** West Virginia Children's Health Insurance Program  
 1018 Kanawha Blvd., East, Suite 209  
 Charleston, WV 25301

**Description:** In Fiscal Year 2000, CMS adopted a Government Performance and Results Act (GPRA) goal to develop and pilot test a methodology that can be used by all States to produce both State-specific and national level payment error estimates for Medicaid and SCHIP.

In response to the requirements of this performance goal, the Center for Medicaid and State Operations (CMSO) initiated the Payment Accuracy Measurement (PAM) Project. PAM Project pilot tests of the methodology have been conducted in FY 2002, FY 2003, and FY 2004.

**Status:** The PAM Project grant recipient submitted its final report to CMS as required. ■

#### Medicaid Statistical Information System(MSIS) Expansion and Data Quality Support

**Project No:** 500-00-0047/04  
**Project Officer:** Donald Tabor  
**Period:** September 2003 to September 2006  
**Funding:** \$1,587,099  
**Principal Investigator:** Suzanne Dodds  
**Award:** Task Order (RADSTO)  
**Awardee:** Mathematica Policy Research (Cambridge)  
50 Church Street  
Cambridge, MA 02138-3726

**Description:** The contractor will provide technical support to States during the Medicaid Statistical Information System (MSIS) implementation period to proactively encourage good State understanding of the MSIS. The contractor will use validation tools developed under a previous contract to analyze the quality of the data after it is received at CMS. The contractor will also support the analysis of Medicaid Data and work directly with States to isolate root causes of quality problems and identify possible solutions. The contractor will also work with the States to support State application and implementation efforts.

**Status:** Mathematica continues to perform technical support for the quality of State-submitted MSIS data by performing validation reviews of these data using programs developed under previous tasks and refined in recent tasks. They continue to work with States to improve the ongoing quality of their data submissions, addressing coding issues associated with encounter data, as well as fee-for-service data, and facilitating revised coding which may result from recently implemented Health Insurance Portability and Accountability Act implementation.

Task Order 4 of this contract is forward-funded and, effective fiscal year 2004 (October 2003), a sole source contract with a base plus four option years has been awarded. The subject matter work on this project is ongoing, and a re-procurement is scheduled to exercise

an option for 2005. We are currently in option year 2 of this contract. ■

#### Medicare + Choice Alternative Payment (Phase I) Demonstration

<b>Project No:</b>	95-W-00104/09
<b>Project Officer:</b>	Jody Blatt
<b>Period:</b>	January 2002 to December 2004
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	
<b>Award:</b>	Waiver-Only Project
<b>Awardee:</b>	Pacificare Health Systems, Inc. 410 N. 44th Street M/S:AZ70-175 Phoenix ,AZ 85008

**Description:** With enactment of the Balanced Budget Act of 1997 (BBA) came the expectation that the Medicare + Choice (M+C) program would continue to grow and offer additional choices to beneficiaries. Unfortunately, the number of plans and percentage of beneficiaries enrolled steadily declined from a high of 18 percent in 1999. This trend of plans exiting the market continued for 2002. The M+C Alternative Payment Demonstration was designed to take immediate action to test whether alternatives to the current M+C payment systems, in particular various risk sharing and reinsurance arrangements, could be used to encourage M+COs to remain in the M+C program. The demonstration was initially scheduled to last for two years (2002 & 2003), but was extended an additional year for 2004.

Six new M+C plans were effective under this demonstration on January 1, 2002. They included one PPO (Independence Blue Cross), one Private Fee-for-Service Plan (Humana in DuPage County, Illinois), and one employer group-only program incorporating 2 health plans and 3 contracts sponsored by Wheeling-Pittsburgh Steel Corporation. In June 2002, a seventh plan sponsored by United Healthcare of Wisconsin was added to the demonstration. M-Care, which offered a plan in 2002 in Livingston and Washtenaw counties in Michigan, dropped out of the demonstration and terminated their M+C plan effective January 1, 2003. At the request of several plans, a decision was made in late 2003 to allow the remaining plans the option of extending the demonstration for an additional year in 2004. Humana, Pacificare, Independence Blue Cross, and the Wheeling-Pittsburgh plans will be extended. Anthem and United Healthcare of Wisconsin will terminate their demonstration plans but continue to offer a regular

M+C plan in these counties. As of March 1, 2004, the remaining active plans had just under 40,000 members.

**Status:** Demonstration terminated December 31, 2004. Plan continued as regular MA plan after January 1, 2005. ■

#### **Medicare + Choice Alternative Payment (Phase I) Demonstration**

**Project No:** 95-W-00108/05  
**Project Officer:** Jody Blatt  
**Period:** January 2002 to December 2004  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Waiver-Only Project  
**Awardee:** Independence Blue Cross  
1901 Market Street  
Philadelphia, PA 19101-7516

**Description:** With enactment of the Balanced Budget Act of 1997 (BBA) came the expectation that the Medicare + Choice (M+C) program would continue to grow and offer additional choices to beneficiaries. Unfortunately, the number of plans and percentage of beneficiaries enrolled steadily declined from a high of 18 percent in 1999. This trend of plans exiting the market continued in 2002. The M+C Alternative Payment Demonstration was designed to take immediate action to test whether alternatives to the current M+C payment systems, in particular various risk-sharing and reinsurance arrangements, could be used to encourage M+COs to remain in the M+C Program. The demonstration was initially scheduled to last for two years (2002 and 2003) but was extended an additional year for 2004.

Six new M+C plans were effective under this demonstration on January 1, 2002. They included one PPO (Independence Blue Cross), one Private Fee-for-Service Plan (Humana in DuPage County, Illinois), and one employer group-only program incorporating two health plans and three contracts sponsored by Wheeling-Pittsburgh Steel Corporation. In June 2002, a seventh plan sponsored by United Healthcare of Wisconsin was added to the demonstration. M-Care, which offered a plan in 2002 in Livingston and Washtenaw counties in Michigan, dropped out of the demonstration and terminated their M+C plan effective January 1, 2003. At the request of several plans, a decision was made in late 2003 to allow the remaining plans the option of

extending the demonstration for an additional year in 2004. Humana, Pacificare, Independence Blue Cross, and the Wheeling-Pittsburgh plans will be extended. Anthem and United Healthcare of Wisconsin will terminate their demonstration plans but continue to offer a regular M+C plan in these counties. As of March 1, 2004, the remaining active plans had just under 40,000 members.

**Status:** Demonstration terminated December 31, 2004. Plan continued after January 1, 2005 as a regular Medicare Advantage (MA) PPO plan. ■

#### **Medicare + Choice Alternative Payment (Phase I) Demonstration**

**Project No:** 95-W-00107/03  
**Project Officer:** Jody Blatt  
**Period:** January 2002 to December 2004  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Waiver-Only Project  
**Awardee:** Coventry Health Care, Inc.  
6705 Rockledge Drive  
Bethesda, MD 20817

**Description:** With enactment of the Balanced Budget Act of 1997 (BBA) came the expectation that the Medicare + Choice (M+C) program would continue to grow and offer additional choices to beneficiaries. Unfortunately, the number of plans and percentage of beneficiaries enrolled steadily declined from a high of 18 percent in 1999. This trend of plans exiting the market continued in 2002. The M+C Alternative Payment Demonstration was designed to take immediate action to test whether alternatives to the current M+C payment systems, in particular various risk-sharing and reinsurance arrangements, could be used to encourage M+COs to remain in the M+C Program. The demonstration was initially scheduled to last for two years (2002 and 2003) but was extended an additional year for 2004.

Six new M+C plans were effective under this demonstration on January 1, 2002. They included one PPO (Independence Blue Cross), one Private Fee-for-Service Plan (Humana in DuPage County, Illinois), and one employer group-only program incorporating two health plans and three contracts sponsored by Wheeling-Pittsburgh Steel Corporation. In June 2002, a seventh plan sponsored by United Healthcare of Wisconsin was added to the demonstration. M-Care, which offered

a plan in 2002 in Livingston and Washtenaw counties in Michigan, dropped out of the demonstration and terminated their M+C plan effective January 1, 2003. At the request of several plans, a decision was made in late 2003 to allow the remaining plans the option of extending the demonstration for an additional year in 2004. Humana, Pacificare, Independence Blue Cross, and the Wheeling-Pittsburgh plans will be extended. Anthem and United Healthcare of Wisconsin will terminate their demonstration plans but continue to offer a regular M+C plan in these counties. As of March 1, 2004, the remaining active plans had just under 40,000 members.

**Status:** Demonstration terminated December 31, 2004. Plan members were absorbed into a Medicare advantage (MA) coordinated care plan after January 1, 2005 as a separate employer-specific benefit plan. ■

PPO (Independence Blue Cross), one Private Fee-for-Service Plan (Humana in DuPage County, Illinois), and one employer group-only program incorporating 2 health plans and 3 contracts sponsored by Wheeling-Pittsburgh Steel Corporation. In June 2002, a seventh plan sponsored by United Healthcare of Wisconsin was added to the demonstration. M-Care, which offered a plan in 2002 in Livingston and Washtenaw counties in Michigan, dropped out of the demonstration and terminated their M+C plan effective January 1, 2003. At the request of several plans, a decision was made in late 2003 to allow the remaining plans the option of extending the demonstration for an additional year in 2004. Humana, Pacificare, Independence Blue Cross, and the Wheeling-Pittsburgh plans will be extended. Anthem and United Healthcare of Wisconsin will terminate their demonstration plans but continue to offer a regular M+C plan in these counties. As of March 1, 2004, the remaining active plans had just under 40,000 members.

#### **Medicare + Choice Alternative Payment (Phase I) Demonstration**

**Project No:** 95-W-00106/03  
**Project Officer:** Jody Blatt  
**Period:** January 2002 to December 2004  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Waiver-Only Project  
**Awardee:** The Health Plan of the Upper Ohio Valley, Inc.  
 52160 National Road East  
 St. Clairsville, OH 43950-9365

**Description:** With enactment of the Balanced Budget Act of 1997 (BBA) came the expectation that the Medicare + Choice (M+C) program would continue to grow and offer additional choices to beneficiaries. Unfortunately, the number of plans and percentage of beneficiaries enrolled, steadily declined from a high of 18 percent in 1999. This trend of plans exiting the market continued for 2002. The M+C Alternative Payment Demonstration was designed to take immediate action to test whether alternatives to the current M+C payment systems, in particular various risk-sharing and reinsurance arrangements, could be used to encourage M+COs to remain in the M+C Program. The demonstration was initially scheduled to last for two years (2002 & 2003) but was extended an additional year for 2004.

Six new M+C plans were effective under this demonstration on January 1, 2002. They included one

**Status:** The demonstration was terminated December 31, 2004. Plan absorbed into MA coordinated care plan after that date 2005 with a separate employer-only benefit plan. ■

#### **Medicare + Choice Alternative Payment (Phase I) Demonstration**

**Project No:** 95-W-00105/04  
**Project Officer:** Jody Blatt  
**Period:** January 2002 to December 2004  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Waiver-Only Project  
**Awardee:** Employers Health Insurance Company  
 500 West Main Street, 7th Floor  
 Louisville, KY 40201

**Description:** With enactment of the Balanced Budget Act of 1997 (BBA) came to the expectation that the Medicare + Choice (M+C) program would continue to grow and offer additional choices to beneficiaries. Unfortunately, the number of plans and percentage of beneficiaries enrolled steadily declined from a high of 18 percent in 1999. This trend of plans exiting the market continued for 2002. The M+C Alternative Payment Demonstration was designed to take immediate action to test whether alternatives to the current M+C payment systems, in particular various risk-sharing and reinsurance arrangements, could be used to encourage M+COs to remain in the M+C program. The

demonstration was initially scheduled to last for two years (2002 & 2003) but was extended an additional year for 2004.

Six new M+C plans were effective under this demonstration on January 1, 2002. They included one PPO (Independence Blue Cross), one Private Fee-for-Service Plan (Humana in DuPage County, Illinois), and one employer group-only program incorporating 2 health plans and 3 contracts sponsored by Wheeling-Pittsburgh Steel Corporation. In June 2002, a seventh plan sponsored by United Healthcare of Wisconsin was added to the demonstration. M-Care, which offered a plan in 2002 in Livingston and Washtenaw counties in Michigan, dropped out of the demonstration and terminated their M+C plan effective January 1, 2003. At the request of several plans, a decision was made in late 2003 to allow the remaining plans the option of extending the demonstration for an additional year in 2004. Humana, Pacificare, Independence Blue Cross, and the Wheeling-Pittsburgh plans will be extended. Anthem and United Healthcare of Wisconsin will terminate their demonstration plans but continue to offer a regular M+C plan in these counties. As of March 1, 2004, the remaining active plans had just under 40,000 members.

**Status:** Demonstration terminated December 31, 2004. Plan continued after January 1, 2005 as regular private fee for service plan under Medicare Advantage Program. ■

### Medicare Case Management Demonstration for Congestive Heart Failure (CHF) and Diabetes Mellitus (DM)

**Project No:** 95-W-00078/06  
**Project Officer:** Ronald Lambert  
**Period:** November 2001 to November 2004  
**Funding:** \$0  
**Principal Investigator:** Diane Fields  
**Award:** Cooperative Agreement  
**Awardee:** Lovelace Health Systems  
 2309 Renard Place, SE  
 Albuquerque, NM 87106

**Description:** This demonstration tests whether a case management program can improve medical treatment plans, reduce avoidable hospital admissions, and promote other desirable outcomes among beneficiaries who constitute a small proportion of the Medicare fee-for-service (FFS) population, but account for a major

proportion of Medicare expenditures. The demonstration site provides case management services to high-cost, high-risk Medicare FFS beneficiaries with CHF and DM. The project targets chronically ill Medicare beneficiaries that are eligible for both Medicare Parts A and B, and requires that the projects' payment methodology be budget neutral.

**Status:** The site began enrolling beneficiaries and providing case management services in November 2001. The project has ended. ■

### Medicare Contractor Provider Satisfaction Survey (MCPSS)

**Project No:** 500-01-0020/04  
**Project Officer:** Gladys Valentin  
**Period:** September 2004 to September 2006  
**Funding:** \$1,900,000  
**Principal Investigator:** Vasudha Narayanan  
**Award:** Task Order (ADDSTO)  
**Awardee:** Westat Corporation  
 1650 Research Boulevard  
 Rockville, MD 20850

**Description:** The Medicare Contractor Provider Satisfaction Survey (MCPSS) is designed to garner quantifiable data on provider satisfaction with the performance of Medicare Fee-for-Service (FFS) contractors. Specifically, the survey will enable the Centers for Medicare & Medicaid Services (CMS) to gauge provider satisfaction with key services performed by the 42 contractors that process and pay the more than \$280 billion in Medicare claims each year. CMS will use the results for Medicare contractor oversight. Contractors will use it to improve service.

**Status:** The project is underway. ■

### Medicare Current Beneficiary Survey

**Project No:** 500-2004-00006C  
**Project Officer:** Franklin Eppig  
**Period:** February 2004 to February 2009  
**Funding:** \$42,467,747  
**Principal Investigator:** Richard Apodaca  
**Award:** Contract  
**Awardee:** Westat Corporation  
 1650 Research Boulevard  
 Rockville, MD 20850

**Description:** The Medicare Current Beneficiary Survey (MCBS) is a continuous, multipurpose survey of a representative sample of the Medicare population designed to aid CMS's administration, monitoring, and evaluation of the Medicare Program. The survey is focused on health care use, cost, and sources of payment. Data from the MCBS will enable CMS to:

- Determine sources of payment for all medical services used by Medicare beneficiaries, including copayments, deductibles, and noncovered services.
- Develop reliable and current information on the use and cost of services not covered by Medicare (e.g., prescription drugs and long-term care).
- Ascertain all types of health-insurance coverage and relate coverage to sources of payment.
- Monitor the financial effects of changes in the Medicare Program.

Additionally, the MCBS is the only source of multidimensional person-based information about the characteristics of the Medicare population and their access to and satisfaction with Medicare services.

**Status:** The MCBS has been in the field continuously since Fall 1991. It is currently in its 38th round of interviewing. To date, public use data files are available for 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003 and 2004. ■

#### Medicare Health Maintenance Organizations Withdrawals and Modifications

**Project No:** 30-P-91703/05-01  
**Project Officer:** Eric Katz  
**Period:** February 2002 to January 2005  
**Funding:** \$32,400  
**Principal Investigator:** Rachel Halpern  
**Award:** Grant  
**Awardee:** University of Minnesota, School of Public Health  
420 Delaware Street, SE  
Minneapolis, MN 55455-0392

**Description:** The objective of the proposed research study is to model the decision processes of health maintenance organizations (HMOs) that offer Medicare+Choice (M+C) plans and to identify the factors associated with the HMO's decisions regarding their M+C plans for the following contract year.

Specifically, the purpose of this study is to identify the factors associated with the following HMO decisions: 1) whether or not to renew the M+C contract in a geographic area; 2) whether or not to reduce the number of counties defined by the M+C contract; 3) whether or not to change the level of supplemental benefits, change the premium, or both; and 4) whether or not to change the configuration of M+C plans offered. HMO decisions will be modeled for 1999-2000 and 2000-2001. The analysis will use secondary data from CMS, Interstudy, the Area Resource File, and the Bureau of Labor Statistics. The study design is a two-stage analysis, and the unit of analysis is a county.

**Status:** The project is complete. ■

#### Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Chestnut Hill Site

<b>Project No:</b>	95-W-00150/01
<b>Project Officer:</b>	Armen Thoumaian
<b>Period:</b>	June 2001 to February 2007
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	Aggie Casey
<b>Award:</b>	Waiver-Only Project
<b>Awardee:</b>	Mind/Body Medical Institute 824 Boylston Street Chestnut Hill, MA 02467

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation has been extended until February 28, 2007. ■

### Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Nashville Site

**Project No:** 95-W-00176/04  
**Project Officer:** Armen Thoumaian  
**Period:** December 2001 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Diane Drennan  
**Award:** Waiver-Only Project  
**Awardee:** Baptist Hospital System, Cardiac Wellness Program  
 2000 Church St  
 Nashville, TN 37236

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation has been extended until February 28, 2007. ■

### Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Portsmouth Site

**Project No:** 95-W-00148/03  
**Project Officer:** Armen Thoumaian  
**Period:** January 2002 to January 2005  
**Funding:** \$0  
**Principal Investigator:** Brenda Alexander  
**Award:** Waiver-Only Project  
**Awardee:** Bon Secours - Maryview Hospital  
 3636 High Street  
 Portsmouth, VA 23707

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** The site has ended participation. ■

### Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Richmond Site

**Project No:** 95-W-00179/03  
**Project Officer:** Armen Thoumaian  
**Period:** October 2002 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Sherri Strickler  
**Award:** Waiver-Only Project  
**Awardee:** Bon Secours Richmond Health System  
 5801 Bremo Road  
 Richmond, VA 23226

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation has been extended until February 28, 2007. ■

**Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - South Bend Site**

**Project No:** 95-W-00178/05  
**Project Officer:** Armen Thoumaian  
**Period:** August 2001 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Colleen Milling  
**Award:** Waiver-Only Project  
**Awardee:** St. Joseph Regional Medical Center  
 801 E. LaSalle Ave  
 South Bend, IN 46617

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** The site ended participation in January 2006. ■

**Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Tacoma Site**

**Project No:** 95-W-00149/10  
**Project Officer:** Armen Thoumaian  
**Period:** March 2003 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Dr. Mary Dean  
**Award:** Waiver-Only Project

**Awardee:** MultiCare Health System  
 1901 South Union Avenue, Suite A227  
 Tacoma, WA 98405

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation extended until February 28, 2007. ■

**Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Warwick Site**

**Project No:** 95-W-00146/01  
**Project Officer:** Armen Thoumaian  
**Period:** September 2001 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Barbara Haydon  
**Award:** Waiver-Only Project  
**Awardee:** Care New England Wellness Center  
 2191 Post Rd  
 Warwick, RI 02886

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Cardiac Wellness Extended Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites under this model will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount

for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation was extended until February 28, 2007. ■

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### **Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Charleston Site**

**Project No:** 95-W-00137/03  
**Project Officer:** Armen Thoumaian  
**Period:** May 2002 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Ed Haver  
**Award:** Waiver-Only Project  
**Awardee:** Charleston Area Medical Center  
 3200 MacCorkle Avenue, SE  
 Charleston, WV 25304

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to provide one of two nationally known treatment models: The Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation was extended until February 28, 2007. ■

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### **Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Clarksburg Site**

**Project No:** 95-W-00139/03  
**Project Officer:** Armen Thoumaian  
**Period:** March 2002 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Toni Marascio  
**Award:** Waiver-Only Project  
**Awardee:** United Hospital Center  
 Plaza #3 Hospital Plaza  
 Clarksburg, WV 26301

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation has been extended until February 28, 2007. ■

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### **Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Dubois Site**

**Project No:** 95-W-00132/03  
**Project Officer:** Armen Thoumaian  
**Period:** July 2003 to April 2005  
**Funding:** \$0  
**Principal Investigator:** Michelle Sedor  
**Award:** Waiver-Only Project  
**Awardee:** DuBois Regional Medical Center  
 100 Hospital Avenue  
 DuBois, PA 15801

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1,

1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** The site has ended participation. ■

#### **Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Erie Site**

**Project No:** 95-W-00151/03  
**Project Officer:** Armen Thoumaian  
**Period:** August 2003 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Walter Horner  
**Award:** Waiver-Only Project  
**Awardee:** Hamot Medical Center  
 3330 Peach Street, Suite 211  
 Erie, PA 16508

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation extended until February 28, 2007. ■

#### **Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Greensburg Site**

**Project No:** 95-W-00181/03  
**Project Officer:** Armen Thoumaian  
**Period:** July 2003 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Nancy Urick  
**Award:** Waiver-Only Project  
**Awardee:** Westmoreland Regional Hospital  
 532 Pittsburgh Street  
 Greensburg, PA 15601

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** This site's participation is extended until February 28, 2007. ■

#### **Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Highmark Site**

**Project No:** CSQ-00-0012  
**Project Officer:** Armen Thoumaian  
**Period:** August 2003 to October 2004  
**Funding:** \$0  
**Principal Investigator:** Amy Wilhelm  
**Award:** Service Agreement  
**Awardee:** Highmark Blue Cross/Blue Shield  
 120 5th Avenue  
 Pittsburgh, PA 15222

**Description:** The Medicare Lifestyle Modification Program Demonstration is a 4-year payment project

implemented to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. The demonstration is being implemented at participating sites licensed by the Dr. Dean Ornish Program for Reversing Heart Disease®. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites will receive 80 percent of a total negotiated fixed payment amount for a 12-month program. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Management in the Office of Financial Management.

**Status:** The site ended participation. ■

#### **Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Huntington Site**

**Project No:** 95-W-00140/03  
**Project Officer:** Armen Thoumaian  
**Period:** November 2002 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Mona Wilson  
**Award:** Waiver-Only Project  
**Awardee:** St. Mary's Medical Center  
2900 1st Avenue  
Huntington, WV 25702

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation has been extended until February 28, 2007. ■

#### **Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Kearney Site**

**Project No:** 95-W-00143/07  
**Project Officer:** Armen Thoumaian  
**Period:** May 2001 to February 2006  
**Funding:** \$0  
**Principal Investigator:** Thomas McLeod  
**Award:** Waiver-Only Project  
**Awardee:** Good Samaritan Health Systems  
10 East 31st Street, P.O. Box 1990  
Kearney, NE 68848-1990

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** The site has ended participation. ■

#### **Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Martinsburg Site**

**Project No:** 95-W-00138/03  
**Project Officer:** Armen Thoumaian  
**Period:** April 2002 to June 2005  
**Funding:** \$0  
**Principal Investigator:** Dana DeJarnett  
**Award:** Waiver-Only Project  
**Awardee:** Wellness Center at City Hospital  
2000 Foundation Way, Suite 1200  
Martinsburg, WV 25401

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of

cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** The site has ended participation. ■

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**Medicare Lifestyle Modification Program  
Demonstration - Preventive Medicine Research  
Institute - Monongahela Site**

**Project No:** 95-W-00133/03  
**Project Officer:** Armen Thoumaian  
**Period:** May 2003 to  
February 2007  
**Funding:** \$0  
**Principal  
Investigator:** Randall Komacko, MPT  
**Award:** Waiver-Only Project  
**Awardee:** Monongahela Valley Hospital  
1163 Country Club Road  
Monongahela, PA 15063

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation has been extended until February 18, 2007. ■

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**Medicare Lifestyle Modification Program  
Demonstration - Preventive Medicine Research  
Institute - Morgantown Site**

**Project No:** 95-W-00144/03  
**Project Officer:** Armen Thoumaian  
**Period:** May 2002 to  
February 2007  
**Funding:** \$0  
**Principal  
Investigator:** David Harshbarger  
**Award:** Waiver-Only Project  
**Awardee:** West Virginia University Hospital  
Medical Center Drive  
Morgantown, WV 26506-8120

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation was extended until February 28, 2007. ■

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**Medicare Lifestyle Modification Program  
Demonstration - Preventive Medicine Research  
Institute - New Castle Site**

**Project No:** 95-W-00142/03  
**Project Officer:** Armen Thoumaian  
**Period:** June 2003 to  
February 2007  
**Funding:** \$0  
**Principal  
Investigator:** Joyan L. Urda  
**Award:** Waiver-Only Project  
**Awardee:** Jameson Health System  
1211 Wilmington Avenue, Room  
430  
New Castle, PA 16105

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation was extended until February 28, 2007. ■

Demonstrations Management in the Office of Financial Management at CMS.

**Status:** The site ended participation. ■

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**Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Pittsburgh**

<b>Project No:</b>	95-W-00131/03
<b>Project Officer:</b>	Armen Thoumaian
<b>Period:</b>	August 2003 to February 2007
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	David Seigneur
<b>Award:</b>	Waiver-Only Project
<b>Awardee:</b>	Allegheny General Hospital 320 North Avenue Pittsburgh, PA 15212

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**Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Omaha Site**

<b>Project No:</b>	95-W-00136/07
<b>Project Officer:</b>	Armen Thoumaian
<b>Period:</b>	June 2002 to February 2006
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	Sandy Barta, MS, RN
<b>Award:</b>	Waiver-Only Project
<b>Awardee:</b>	Alegent Bergan Mercy Medical Center 7710 Mercy Road, BMPC, LL Omaha, NE 68122

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation was extended until February 28, 2007. ■

**Medicare Lifestyle Modification Program  
Demonstration - Preventive Medicine Research  
Institute - Princeton Site**

**Project No:** 95-W-00141/03  
**Project Officer:** Armen Thoumaian  
**Period:** November 2002 to February 2005  
**Funding:** \$0  
**Principal Investigator:** Cindy Gillspie  
**Award:** Waiver-Only Project  
**Awardee:** Princeton Community Hospital  
 P.O. Box 1369  
 Princeton, WV 24740-1369

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** The site has ended participation. ■

cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation has been extended until February 28, 2007. ■

**Medicare Lifestyle Modification Program  
Demonstration - Preventive Medicine Research  
Institute - Wheeling Site**

**Project No:** 95-W-00135/03  
**Project Officer:** Armen Thoumaian  
**Period:** June 2002 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Joe Slavic  
**Award:** Waiver-Only Project  
**Awardee:** Howard Long Wellness Center At Wheeling Hospital  
 800 Medical Park  
 Wheeling, WV 26003

**Medicare Lifestyle Modification Program  
Demonstration - Preventive Medicine Research  
Institute - Trexeltown Site**

**Project No:** 95-W-00180/03  
**Project Officer:** Armen Thoumaian  
**Period:** March 2004 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Kim Sterk  
**Award:** Waiver-Only Project  
**Awardee:** Lehigh Valley Hospital  
 6900 Hamilton Blvd.  
 Trexeltown, PA 18087

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of

cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation has been extended until February 28, 2007. ■

**Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Windber Site**

**Project No:** 95-W-00134/03  
**Project Officer:** Armen Thoumaian  
**Period:** October 2002 to February 2007  
**Funding:** \$0  
**Principal Investigator:** Patty Feltman  
**Award:** Waiver-Only Project  
**Awardee:** Windber Medical Center  
 600 Somerset Avenue  
 Windber, PA 15963

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to the Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage and the Preventive Medicine Research Institute. Sites will be able to enroll up to 1800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS.

**Status:** Site participation was extended until February 28, 2007. ■

**Awardee:**

Brandeis University, Heller Graduate School, Institute for Health Policy  
 415 South Street, P.O. Box 9110  
 Waltham, MA 02254-9110

**Description:** This project evaluates the health outcomes and cost effectiveness of the Medicare Lifestyle Modification Program Demonstration for Medicare beneficiaries with coronary artery disease (CAD). The demonstration tests the feasibility and cost effectiveness of providing payment for cardiovascular lifestyle modification program services to Medicare beneficiaries. The goal of the evaluation is to provide an assessment of the health benefit and cost-effectiveness of treatment for Medicare beneficiaries with CAD who enroll in the 12-month cardiovascular lifestyle modification programs at the demonstration sites. The evaluation of the demonstration assesses the overall performance of the demonstration sites, including the quality of health care delivery over the course of the demonstration period. The evaluation also assesses the use of systems for administration, claims processing and payment, and the routine monitoring of quality of care. The evaluation consists, in part, of a pre/post quasi-experimental, matched pairs design with a 1-year follow-up of a maximum of 3,600 treatment enrollees and 3,600 comparison group subjects. Data collection is expected to include diagnostic and clinical outcome information from treatment and control patient physicians and the treatment program, supplemented by medical record review, patient surveys, program case studies, and Medicare claims data. Allowances are made to provide additional payments to the patients' physicians for information reporting.

**Status:** In September 2001, the evaluation was expanded to include a longer follow-up period of treatment and control patients, and to include a critical review of literature of all lifestyle modification programs worldwide. In September 2003, following the implementation of new enrollment criteria, the contract was expanded to include another matched control group of beneficiaries that have had cardiac rehabilitation as part of traditional treatment. In addition, the evaluation was expanded to include a study of the Medicare cardiac rehabilitation benefit. ■

**Medicare Lifestyle Modification Program Demonstration Evaluation**

**Project No:** 500-95-0060/02  
**Project Officer:** Armen Thoumaian  
**Period:** September 2000 to September 2008  
**Funding:** \$4,197,730  
**Principal Investigator:** Donald Shepard  
 William B. Stason  
**Award:** Task Order

## Medicare Lifestyle Modification Program Demonstration: Quality Monitoring and Review

**Project No:** 500-02-0012  
**Project Officer:** Armen Thoumaian  
**Period:** July 1999 to July 2007  
**Funding:** \$1,886,912  
**Principal Investigator:** Josi Maulik  
**Award:** Task Order (ADP Support)  
**Awardee:** Delmarva Foundation for Medical Care  
 9240 Centreville Road  
 Easton, MD 21601-7098

**Description:** The Medicare Lifestyle Modification Program Demonstration was implemented October 1, 1999 to evaluate the feasibility and cost effectiveness of cardiovascular lifestyle modification. Sites eligible to participate in the demonstration are those licensed to provide one of two nationally known treatment models: The Dr. Dean Ornish Program for Reversing Heart Disease licensed by Lifestyle Advantage, and the Preventive Medicine Research Institute, or The Cardiac Wellness Expanded Program of Dr. Herbert Benson licensed by the Mind Body Medical Institute. Sites offering either model will be able to enroll up to 1,800 Medicare Part B eligible beneficiaries who meet the clinical enrollment criteria and voluntarily elect to participate in the demonstration. The demonstration sites receive 80 percent of a negotiated fixed payment amount for a 12-month program of treatment. Sites may collect (or waive) the remaining 20 percent from the beneficiary as an enrollment fee. Claims processing and payment is managed through the Division of Demonstrations Management in the Office of Financial Management at CMS. This project provides continuous quality monitoring of the demonstration sites to assure the health and safety of participating Medicare patients.

**Status:** The demonstration was implemented October 1, 1999. On November 28, 2000, the enrollment criteria were amended to include patients with less severe cardiovascular disease. In accordance with Public Law 106-554, the Consolidated Appropriations Act (2001), the Cardiac Wellness Lifestyle Program of the Mind/Body Medical Institute (M/BMI) was incorporated into the overall demonstration. The same law provided a mandate for a 4-year treatment period beginning November 13, 2000. On May 3, 2002, enrollment criteria were again amended to include patients with moderate cardiovascular disease and the demonstration enrollment period was extended to February 28, 2005 with treatment under the demonstration ending in 2006. In February 2005, the demonstration was extended another year with treatment now ending February 28, 2007. There are currently 13 sites offering the Dr. Dean Ornish Program

and 6 sites offering the Cardiac Wellness Expanded Program. ■

## Medicare Post-Acute Care: Evaluation of BBA Payment Policies and Related Changes

**Project No:** 500-96-0006/04  
**Project Officer:** Philip Cotterill  
**Period:** September 2000 to September 2005  
**Funding:** \$636,557  
**Principal Investigator:** Brian Burwell  
**Award:** Barbara Gage  
**Awardee:** Task Order  
 MEDSTAT Group (DC - Maryland Ave.)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** The purpose of this project is to study the impact of BBA and other policy changes on Medicare utilization and delivery patterns of post-acute care. Post-acute care is generally defined to include the Medicare covered services provided by skilled nursing facilities (SNFs), home health agencies, rehabilitation hospitals and distinct part units, long-term care hospitals, and outpatient rehabilitation providers. The changes in post-acute care payment policy enacted in the late 1990's (mostly in the 1997 Balanced Budget Act (BBA) with some subsequent modifications) were made one-by-one to most types of post-acute care. However, a beneficiary's post-acute care needs can often be met in alternative provider settings. Hence policy changes for one post-acute care modality may have ramifications for other post-acute and acute care services. Understanding the interrelationships among post-acute care delivery systems is critical to the development of policies that encourage appropriate and cost-effective use of the entire range of care settings. The results of this work may be useful in refining policies for individual types of post-acute care, as well as in developing a more coordinated approach across all settings. This project compares changes between the pre-BBA period of the 1990's and the post-BBA year, 1999. The study included a variety of beneficiary, provider, and market area analyses.

**Status:** The final report containing descriptive and multivariate analyses of post-acute episodes of care during the period 1996-2002 was received in July 2005. The final report consists of four separate reports: Medicare Post-Acute Care: Evaluation of BBA Payment Policies and Related Changes, Issues Report by Barbara Gage, William J. Bartosch, and Deborah S. Osber, Changes in the Supply of Medicare Post-Acute Care

Providers by Barbara Gage and William J. Bartosch, Impact of Post-BBA Rate Adjustments Under SNF PPS on Access to Non-therapy Ancillary Services by Boyd Gilman, Barbara Gage, and Deborah S. Osber, and Impact of Transfer Payment Reform Under Medicare's Inpatient PPS on the Use of Post-Acute Care Services by Boyd Gilman and Barbara Gage. ■

the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

### Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

**Project No:** 95-W-00127/09  
**Project Officer:** Jody Blatt  
**Period:** January 2003 to December 2005  
**Funding:** \$0  
**Principal Investigator:** Katherine Feeny  
**Award:** Contract  
**Awardee:** Pacificare of Nevada, Inc.  
 700 East Warm Springs Road  
 Las Vegas, NV 89119

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices by increasing incentives for M+C organizations to enter the market and offer PPO products.

This demonstration program is modeled after the PPO coverage available in the commercial market. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost-sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

### Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

**Project No:** 95-C-91742/09-01  
**Project Officer:** Jody Blatt  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Katherine Feeny  
**Award:** Contract  
**Awardee:** Pacificare Health Systems, Inc.  
 410 N. 44th Street M/S:AZ70-175  
 Phoenix ,AZ 85008

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice Program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component.

Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91800/04-01  
**Project Officer:** Jody Blatt  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** David Ellwanger  
**Award:** Contract  
**Awardee:** Health Spring Inc.  
 44 Vantage Way, Suite 300  
 Nashville, TN 37228

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of

network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91795/04-01  
**Project Officer:** Jody Blatt  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Michael McCallister  
**Award:** Contract  
**Awardee:** Humana Insurance Company  
 500 West Main Street  
 Louisville, KY 40202

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91739/05-01  
**Project Officer:** Pamela Morrow  
**Period:** January 2003 to December 2005  
**Funding:** \$50,000  
**Principal Investigator:** Richard Jelenik  
**Award:** Contract  
**Awardee:** United Healthcare Insurance Company  
 9900 Bren Road East, Mail Route MN008-T440  
 Minnetonka, MN 55343

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this

research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-W-00113/07  
**Project Officer:** Heather Grimsley  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Mary Ninos  
**Award:** Contract  
**Awardee:** Coventry Health and Life Insurance Company (Earth City)  
 111 Corporate Office Drive, Suite 400  
 Earth City, MO 63045

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through

independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice Program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is

the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005 and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-W-00114/07  
**Project Officer:** Heather Grimsley  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Mary Ninos  
**Award:** Contract  
**Awardee:** Coventry Health and Life Insurance Company (Kansas City)  
8320 Ward Parkway  
Kansas City, MO 64114

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice Program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005 and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91741/01-01  
**Project Officer:** Heather Grimsley  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Frank McCauley  
**Award:** Grant

**Awardee:** Aetna Health Inc.  
Mailstop RT11, 151 Farmington  
Avenue  
Hartford, CT 06156

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare program. This research indicated that the success of the PPO concept was not being replicated in the Medicare program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration. ■

**Status:** The demonstration terminated December 31, 2005 and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

**Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

<b>Project No:</b>	95-W-00115/03
<b>Project Officer:</b>	Heather Grimsley
<b>Period:</b>	January 2003 to December 2005
<b>Funding:</b>	\$100,000
<b>Principal Investigator:</b>	Mary Ninos
<b>Award:</b>	Contract
<b>Awardee:</b>	Coventry Health and Life Insurance Company (Charleston) 500 Virginia Street East, PO Box 1711 Charleston, WV 25326

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice Program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005 and the participating organizations successfully transitioned to the Medicare Advantage program, effective contract year 2006. ■

### Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

**Project No:** 95-W-00116/03  
**Project Officer:** Heather Grimsley  
**Period:** January 2003 to December 2005  
**Funding:** \$0  
**Principal Investigator:** Mary Ninos  
**Award:** Contract  
**Awardee:** Health Assurance Pennsylvania, Inc. (Converity)  
3721 TecPort Drive, PO Box 67103  
Harrisburg, PA 17106-7103

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice Program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

### Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

**Project No:** 95-C-91799/03-01  
**Project Officer:** Heather Grimsley  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Mary Ninos  
**Award:** Contract  
**Awardee:** Coventry Health Care, Inc.  
6705 Rockledge Drive  
Bethesda, MD 20817

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and

savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005 and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

### Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

**Project No:** 95-W-91740/03-01  
**Project Officer:** Heather Grimsley  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Diane Holder  
**Award:** Contract  
**Awardee:** UPMC Health Benefits, Inc.  
 112 Washington Place, Suite 800  
 Pittsburgh, PA 15219

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare + Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products. ■

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component.

Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

### Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

**Project No:** 95-C-91792/02-01  
**Project Officer:** Debbie Vanhoven  
**Period:** February 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Frank Branchini  
**Award:** Contract  
**Awardee:** Group Health Inc.  
 441 Ninth Avenue  
 New York, NY 10001

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice Program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of

network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91729/05-01  
**Project Officer:** Debbie Vanhoven  
**Period:** January 2003 to December 2005  
**Funding:** \$0  
**Principal Investigator:** Lynne Gross  
**Award:** Grant  
**Awardee:** Anthem Health Plans of KY, Inc.,  
 Community Insurance Company  
 220 Virginia Avenue  
 Indianapolis, IN 46204

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market in an attempt to ascertain whether these models might be effective in the Medicare program. This research indicated that the success of the PPO concept was not being replicated in the Medicare program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice Program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005 and the participating organizations successfully transitioned to the Medicare Advantage program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91797/05-01  
**Project Officer:** Debbie Vanhoven  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Janice Teal  
**Award:** Contract  
**Awardee:** Advantage Health Plan, Inc.  
 11555 N. Meridian Street  
 Carmel, IN 46032

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare + Choice Program by increasing incentives for M+C organizations to enter the market and offer PPO products.

the Medicare+Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91727/02-01  
**Project Officer:** Debbie Vanhoven  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Alphonso O'Neil-White  
**Award:** Contract  
**Awardee:** HealthNow New York, Inc.  
 1901 Main Street  
 Buffalo, NY 14240

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market in an attempt to ascertain whether these models might

be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare+Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91734/05-01  
**Project Officer:** Debbie Vanhoven  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Tara Flippin  
**Award:** Contract  
**Awardee:** OSF Health Plans, Inc.  
 7915 North Hale Avenue, Suite D  
 Peoria, IL 61615

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C)

Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare+Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91737/02-01  
**Project Officer:** Debbie Vanhoven  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Paul Dickstein  
**Award:** Contract

**Awardee:** Managed Health Inc.  
 25 Broadway, 9th Floor  
 New York, NY 10004

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare+Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage program, effective contract year 2006. ■

## Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

<b>Project No:</b>	95-C-91744/02-01
<b>Project Officer:</b>	Debbie Vanhoven
<b>Period:</b>	January 2003 to December 2005
<b>Funding:</b>	\$100,000
<b>Principal Investigator:</b>	Jackie Duddy
<b>Award:</b>	Contract
<b>Awardee:</b>	Horizon Healthcare of New Jersey, Inc. 3 Penn Plaza East Newark, NJ 07105-2200

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare+Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully

transitioned to the Medicare Advantage program, effective contract year 2006. ■

## Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)

<b>Project No:</b>	95-C-91731/04-01
<b>Project Officer:</b>	Thomas Theis
<b>Period:</b>	January 2003 to December 2005
<b>Funding:</b>	\$100,000
<b>Principal Investigator:</b>	Lance Hunsinger
<b>Award:</b>	Contract
<b>Awardee:</b>	Cariten Insurance Company 1420 Centerpoint Blvd. Knoxville, TN 37932

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare program. This research indicated that the success of the PPO concept was not being replicated in the Medicare program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices by increasing incentives for M+C organizations to enter the market and offer PPO products.

This demonstration program is modeled after the PPO coverage available in the commercial market. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost-sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91796/09-01  
**Project Officer:** Thomas Theis  
**Period:** January 2003 to December 2004  
**Funding:** \$100,000  
**Principal Investigator:** Mark El-Tawil  
**Award:** Contract  
**Awardee:** Health Net Life Insurance Company (Arizona)  
1230 W. Washington Street, Suite 401  
Tempe, AZ 85281-1245

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare+Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration,

where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** This demonstration product was discontinued after the 2004 contract year. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-C-91733/06-01  
**Project Officer:** Thomas Theis  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Carol Solomon  
**Award:** Contract  
**Awardee:** Tenet Choices, Inc.  
200 West Esplanade Avenue, Suite 600  
Kenner, LA 70065

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare+Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use

services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage Program, effective contract year 2006. ■

#### **Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)**

**Project No:** 95-W-00119/09  
**Project Officer:** Thomas Theis  
**Period:** January 2003 to December 2005  
**Funding:** \$100,000  
**Principal Investigator:** Stephen Lynch  
**Award:** Contract  
**Awardee:** Health Net Life Insurance Company (California)  
13221 SW 68th Parkway, Suite 200  
Tigard, OR 97223

**Description:** Although the Balanced Budget Act of 1997 (BBA) introduced new health plan options for beneficiaries under the Medicare+Choice (M+C) Program, unfortunately, the number and range of options available have not increased over time. Through independent contractors, CMS researched specific health care models in the non-Medicare market, in an attempt to ascertain whether these models might be effective in the Medicare Program. This research indicated that the success of the PPO concept was not being replicated in the Medicare Program. Based on the results of this research, CMS decided to design a demonstration initiative to expand options and choices in the Medicare+Choice program by increasing incentives for M+C organizations to enter the market and offer PPO products.

Products available under this demonstration were initially offered in contract year 2003. Although all plans were required to offer out-of-network benefits, few other specific requirements were applied to the benefit design. Differential cost sharing requirements in and out of network were intended to encourage enrollees to use services in a cost-effective manner while not providing a disincentive towards seeking appropriate care. A key feature of this demonstration is a risk-sharing component. Risk-sharing arrangements under this demonstration, where applicable, are specific to each plan offering a PPO product, and are symmetrical, meaning that the risk assumed by CMS is the same for both losses and savings. In contract year 2005, 9 of the 17 participating organizations had a risk-sharing arrangement with CMS.

CMS has contracted with Research Triangle Institute to conduct a comprehensive evaluation of the Medicare PPO Demonstration.

**Status:** The demonstration terminated on December 31, 2005, and the participating organizations successfully transitioned to the Medicare Advantage program, effective contract year 2006. ■

#### **Medicare/Medicaid Research and Demonstration (MRAD) Task Order - Mathematica Policy Research**

**Project No:** HHSM-500-2005-00025I  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** Mathematica Policy Research, (Princeton)  
600 Alexander Park, PO Box 2393  
Princeton, NJ 08543-2393

**Description:** The MRAD/TOC Contractor will be required to conduct general research, analysis, demonstration, evaluation, and survey activities relating to Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

**Medicare/Medicaid Research and Demonstration (MRAD) Task Order - URREA**

**Project No:** HHSM-500-2005-000311  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** Arbor Research Collaborative for Health formerly known as URREA (University Renal Research and Education Association)  
315 West Huron, Suite 260  
Ann Arbor, MI 48103

**Description:** The MRAD/TOC Contractor will be required to conduct general research, analysis, demonstration, evaluation, and survey activities relating to Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

**Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - JEN Associates, Inc.**

**Project No:** HHSM-500-2005-000231  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** JEN Associates, Inc.  
P.O. Box 39020  
Cambridge, MA 02139

**Description:** The MRAD/TOC contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

**Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - Lewing**

**Project No:** HHSM-500-2005-000241  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** Lewin Group  
3130 Fairview Park Drive, Suite 800  
Falls Church, VA 22042

**Description:** The MRAD/TOC contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

**Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - MEDSTAT**

**Project No:** HHSM-500-2005-000261  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** MEDSTAT Group (DC - Conn. Ave.)  
4301 Connecticut Ave., NW, Suite 330  
Washington, DC 20008

**Description:** The MRAD/TOC Contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

### Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - Rand Corporation

**Project No:** HHSM-500-2005-00028I  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** RAND Corporation  
 1700 Main Street, P.O. Box 2138  
 Santa Monica, CA 90407-2138

**Description:** The MRAD/TOC Contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

### Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - University of Minnesota

**Project No:** HHSM-500-2005-00027I  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** University of Minnesota  
 450 Gateway Building, 200 Oak Street SE  
 Minneapolis, MN 55455

**Description:** The MRAD/TOC Contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

### Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - Research Triangle Institute

**Project No:** HHSM-500-2005-00029I  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The MRAD/TOC Contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

### Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - University of Wisconsin

**Project No:** HHSM-500-2005-00032I  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** University of Wisconsin - Madison  
 750 University Avenue  
 Madison, WI 53706

**Description:** The MRAD/TOC Contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

**Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - Urban Institute**

**Project No:** HHSM-500-2005-000301  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** Urban Institute  
2100 M Street, NW  
Washington, DC 20037

**Description:** The MRAD/TOC Contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

**Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contracts - Abt**

**Project No:** HHSM-500-2005-000181  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Task Order Contract, Base  
**Awardee:** Abt Associates, Inc.  
55 Wheeler Street  
Cambridge, MA 02138-1168

**Description:** The MRAD/TOC contractor will be required to conduct general research analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

**Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contracts - American Institute for Research (AIR)**

**Project No:** HHSM-500-2005-000191  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** American Institute for Research  
3333 K Street, NW  
Washington, DC 20007-3541

**Description:** The MRAD/TOC contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

**Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contracts - Brandeis University**

**Project No:** HHSM-500-2005-000201  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
415 South Street, P.O. Box 9110  
Waltham, MA 02254-9110

**Description:** The MRAD/TOC contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

### Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contracts - CNA

**Project No:** HHSM-500-2005-000211  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** C.N.A. Corporation  
4825 Mark Center Drive  
Alexandria, VA 22311-1850

**Description:** The MRAD/TOC contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

### Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contracts - University of Colorado, CHPR

**Project No:** HHSM-500-2005-000211  
**Project Officer:** David Barbato  
**Period:** September 2005 to September 2010  
**Funding:** \$1,000  
**Principal Investigator:**  
**Award:** Master Contract, Base  
**Awardee:** University of Colorado, Health Sciences Center  
13611 East Colfax Ave., Suite 100  
Aurora, CO 80011

**Description:** The MRAD/TOC contractor will be required to conduct general research, analysis, demonstration, evaluation and survey activities relating to Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), in addition to other CMS program responsibilities. Individual projects will be initiated through award of specific task orders.

**Status:** The project is underway. ■

### Memphis Metropolitan Statistical Area (MSA) Biologistics Study

**Project No:** 18-P-93115/4-01  
**Project Officer:** Carl Taylor  
**Period:** June 2005 to January 2006  
**Funding:** \$496,000  
**Principal Investigator:** Brandon Wellford  
**Award:** Grant  
**Awardee:** Memphis Bioworks Foundation  
20 South Dudley Street  
Memphis, TN 38103

**Description:** The Memphis Bioworks Foundation conducted a study on developing the Memphis MSA into a major distribution center for biotechnology and biomedical products. The study analyzed the regional economic context, assets, and needs, and provided recommendations that, when implemented, are expected to result in technological improvements, cost savings, and improved coordination in distribution, warehousing and communications.

**Status:** This project closed January 31, 2006. ■

### Mercy Medical Skilled Nursing Home Payment Demonstration

**Project No:** 95-W-00083/04  
**Project Officer:** J. Sherwood  
**Period:** January 2002 to December 2006  
**Funding:** \$0  
**Principal Investigator:** Kathryn Parks  
**Award:** Waiver-Only Project  
**Awardee:** Mercy Medical  
101 Villa Drive, P.O. Box 1090  
Daphne, AL 36526-1090

**Description:** This pilot study is viewed as a period of evaluation for the purpose of working toward crafting an alternative approach to financing post-acute care that features greater integration of services and episodic payment. During the demonstration period, Mercy Medical is being paid according to the payment methodology that was used during the 2-year period authorized by BBRA, i.e., a per diem payment based on historical cost.

**Status:** Mercy Medical is developing a proposal for a 5-year demonstration to test an alternative approach to financing post-acute care that features increased integration of services and a bundled payment for select

diagnoses. The post-acute services include inpatient rehabilitation hospital, SNF, and home health. For qualifying Medicare patients in the diagnostic categories of cerebrovascular accident (CVA)/Stroke, Cardio-Pulmonary, and Orthopedic, Mercy Medical would be paid a single bundled payment for a defined 100-day episode of care. For Medicare patients not in the select diagnosis groups, Mercy Medical will continue to receive the inpatient rehabilitation PPS, home health agency PPS, and the waivered SNF payment as defined in BBRA. ■

approximately 84,000 MinnesotaCare children, caretaker adults, and pregnant women Medicaid-eligible. Some parents and caretaker adults are now covered under the State Children's Health Insurance Program (SCHIP) and receive their care through the MinnesotaCare delivery system. Minnesota now operates Medicaid managed care in 81 of its 87 counties. On December 20, 2001, Minnesota was granted an extension of its demonstration from June 30, 2002 to June 30, 2005. ■

#### Minnesota Prepaid Medical Assistance Project Assistance Plus (PMAP+)

**Project No:** 11-W-00039/05  
**Project Officer:** Wanda Pigatt-canty  
**Period:** July 1995 to June 2008  
**Funding:** \$0  
**Principal Investigator:** Christine Bronson  
**Award:** Demonstration  
**Awardee:** Minnesota, Department of Human Services  
 P.O. Box 64983  
 St. Paul, MN 55164-0983

**Description:** The Minnesota Prepaid Medical Assistance Project Plus (PMAP+) amended the original Minnesota Medicaid Demonstration by expanding the project in both size and scope. The PMAP demonstration enrolled all Aid to Families with Dependent Children eligibles, needy children, and pregnant women in eight Minnesota counties into prepaid managed-care organizations. PMAP+ originally expanded prepaid managed care to nine additional counties and is expected to eventually be a Statewide program. In addition, Medicaid eligibility was expanded on a Statewide basis to include children and pregnant women up to 275 percent of the Federal poverty level who were previously covered under the State's MinnesotaCare Program. Subsequent changes included expanding eligibility to include parents and caretaker relatives of children enrolled in the demonstration. The approval of Phase 2 in August 2000 allowed several changes which involved increasing flexibility for the State, particularly related to capitation payment. In July 2001, an amendment was approved to allow implementation of county-based purchasing by the South Country Health Alliance encompassing nine rural Minnesota counties, and in July 2003 an additional 10 counties were approved through the Prime West county-based purchasing project.

**Status:** Currently, there are approximately 272,000 enrollees in PMAP+ managed care organizations. In addition, the State's eligibility expansion has made

#### Minnesota Senior Health Options/Minnesota Disability Health Options

<b>Project No:</b>	11-W-00024/05
<b>Project Officer:</b>	Susan Radke
<b>Period:</b>	April 1995 to December 2007
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	Pamela Parker
<b>Award:</b>	Waiver-Only Project
<b>Awardee:</b>	Minnesota, Department of Human Services P.O. Box 64983 St. Paul, MN 55164-0983

**Description:** In April 1995, the State of Minnesota was awarded Medicare and Medicaid waivers for a 5-year demonstration designed to test delivery systems that integrate long-term care and acute-care services for elderly dually eligible beneficiaries. Initially, under this demonstration, the State was being treated as a health plan that contracted with CMS to provide services, and provided those services through subcontracts with three health care plans. CMS approved the State's request in year 2001 to extend MSHO and expand eligibility criteria to include persons under the age of 65 with disabilities. The expansion program, titled "Minnesota Disability Health Options Program" (MnDHO), includes both disabled dually eligible beneficiaries and Medicaid eligible only beneficiaries. Administration of this program is similar to MSHO. Medicare services for MSHO and MnDHO are provided using a demonstration waiver under §402 of the Social Security Amendments of 1967. Medicaid services are provided under §1915(a) and §1915(c) of the Social Security Act. MSHO and MnDHO are managed care products that integrate Medicare and Medicaid financing; acute and long-term care service delivery, including home and community based waiver services for dually eligible and Medicaid eligible physically disabled adults and elderly in a ten county area in Minnesota, including the Twin Cities. MnDHO was implemented initially in Hennepin, Ramsey, Dakota, and Anoka counties and will expand to three more of the 10 MSHO counties. Enrollment in

MSHO and MnDHO is voluntary and available to dually eligible beneficiaries living in institutions, community enrollees who meet institutional placement criteria, and other community enrollees whose needs do not meet institutional levels of care.

**Status:** On December 23, 2005, the Centers for Medicare & Medicaid Services (CMS) approved the State of Minnesota's extension and a statewide service area expansion (SAE) request, entitled "Minnesota Senior Health Options/Minnesota Disability Health Options" (MSHO/MnDHO). This dually eligible demonstration is approved for the period of January 1, 2005 through December 31, 2007. The State contracts with nine health care plans to provide MSHO services. MnDHO was approved to expand the MnDHO eligibility to beneficiaries diagnosed with Mental Retardation and Developmental Disabilities (MR/DD). Further, all nine health plans are currently approved Medicare Advantage Special Needs Plans (MA/SNP's). MSHO/MnDHO is transitioning from demonstration status to become full MA/SNP's by January 1, 2008. ■

#### Missouri Managed Care Plus (MC+)

**Project No:** 11-W-00122/07  
**Project Officer:** Stephen Hrybyk  
**Period:** April 1998 to March 2007  
**Funding:** \$0  
**Principal Investigator:** Pamela Parker  
**Award:** Waiver-Only Project  
**Awardee:** Missouri, Department of Social Services, Division of Medical Assistance  
 P.O. Box 1527  
 Jefferson City, MO 65102-1527

**Description:** The project extends Medicaid eligibility through a managed care delivery system to children, certain working parents transitioning off welfare, and certain non-custodial parents.

**Status:** The demonstration has been eliminated for the following eligibility groups:

- 1) Non-custodial parents participating in Missouri's Parent's Fair Share Program with incomes up to 100 percent of the Federal poverty level (FPL);
- 2) Non-custodial parents with incomes up to 125 percent of the FPL who are actively paying their legally obligated amount of child support for a maximum of two years.

3) Working parents who are transitioning off TANF and have a Medicaid-eligible child in the home were initially eligible with incomes up to 300 percent FPL for a maximum of 2 years. The group is only implemented up to 100 percent FPL.

The following eligibility groups are enrolled but with limitations:

- 1) Uninsured women who would otherwise lose Medicaid eligibility at the end of the 60-day post-partum period, regardless of income, for up to 2 years are now only eligible for family planning services for a period of up to 1 year.
- 2) A six month period of uninsurance is required before uninsured children through age 18 up to 300 percent FPL can be enrolled. For children between 151-300 percent, other insurance must be unavailable and unaffordable. ■

#### Model Waiver Evaluation-HIFA

**Project No:** 500-00-0045/02  
**Project Officer:** Paul Youket  
**Period:** September 1999 to August 2005  
**Funding:** \$321,690  
**Principal Investigator:** Terri Coughlin  
**Award:** Task Order (RADSTO)  
**Awardee:** Urban Institute  
 2100 M Street, NW  
 Washington, DC 20037

**Description:** The focus of this task order is to address a series of policy questions related to the impacts of the Health Insurance Flexibility and Accountability Initiative (HIFA) and the inter-relationship among HIFA, Medicaid, SCHIP, and employer-sponsored insurance (ESI) for current eligibles and for uninsured individuals.

On August 14, 2001, the President announced the HIFA initiative to States. HIFA is an initiative that is designed to encourage new comprehensive State approaches using section 1115 demonstration authority that will increase the number of individuals with health insurance coverage within current-level Medicaid and SCHIP resources. There is an emphasis on broad Statewide approaches that maximize private health insurance coverage options and target Medicaid and SCHIP resources to populations with incomes below 200 percent of the FPL.

When HIFA was proposed and implemented in August 2001, CMS envisioned a program that would provide States with the requisite flexibility and guidance to increase health care coverage in the State. States are required to track systematically the impact of their HIFA demonstration on the uninsured rate for individuals with incomes under 200 percent of the FPL.

The overall goals of the HIFA demonstration initiative are to:

Encourage innovation to improve how Medicaid and SCHIP funds are used to increase health insurance coverage for low-income individuals.

Give States the programmatic flexibility required to support approaches that increase private health insurance coverage options.

Simplify the waiver application process by providing clear guidance and data templates.

Increase accountability in the State and Federal partnership by ensuring that Medicaid and SCHIP funds are effectively used to increase health insurance coverage, including substantially more private health insurance coverage options.

Give priority review to State proposals that meet the documented general guidelines of the HIFA demonstration project.

**Status:** This project was completed on August 12, 2005, and all deliverables have been submitted by the contractor. ■

#### Monitoring Chronic Disease Care and Outcomes Among Elderly Medicare Beneficiaries with Multiple Chronic Diseases

**Project No:** HHSM-500-2005-00027I/01  
**Project Officer:** Arthur Meltzer  
**Period:** September 2005 to September 2008  
**Funding:** \$381,722  
**Principal Investigator:** A. Marshall McBean  
**Award:** Task Order (MRAD)  
**Awardee:** University of Minnesota, School of Public Health, Division of Health Services Research and Policy, Mail Code Number 99  
420 Delaware Street SE, D 355  
Mayo Building  
Minneapolis, MN 55455

**Description:** The purpose of this contract is to conduct analytic studies designed to better understand the nature of chronic disease among Medicare beneficiaries and to improve the care of these populations. The 723 database will serve as the data source for the analytic studies to be conducted under this contract.

**Status:** The project is underway. ■

#### Municipal Health Services Program: Baltimore

<b>Project No:</b>	95-P-51000/03
<b>Project Officer:</b>	Michael Henesch
<b>Period:</b>	June 1978 to December 2006
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	Sherry Adeyemi
<b>Award:</b>	Service Agreement
<b>Awardee:</b>	City of Baltimore 111 North Calvert Street Baltimore, MD 21020

**Description:** This project supports the Municipal Health Services Program (MHSP), originally established through a collaborative effort of the U.S. Conference of Mayors, the American Medical Association, the Robert Wood Johnson Foundation (RWJF), and CMS. CMS provides Medicare waivers to test the effects of increased utilization of municipal health centers by eliminating coinsurance and deductibles, expanding the range of covered services, and paying the cities the full cost of delivering services at the clinics. The intent of the waivers is to shift fragmented utilization from costly hospital emergency rooms and outpatient departments toward lower cost MHSP clinics that would provide beneficiaries with comprehensive primary and preventive health care. Waivers and grants were awarded to Baltimore, Cincinnati, Milwaukee, and San Jose in June 1978.

**Status:** Congress has extended the demonstration several times. More recently, the Balanced Budget Act of 1997 extended the demonstration until December 31, 2000; the Balanced Budget Reconciliation Act of 1999 extended the demonstration until December 31, 2002; and the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 extended it until December 2004. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 extended the demonstration until December 21, 2006. The demonstration does not accept new participants and is restricted to those who were in the program as of 1997.

Currently, there are under 25,000 Medicare beneficiaries remaining in all the sites that are eligible to participate in the demonstration. However, the number of unduplicated claims for the four sites totaled under 7,000 participants in the most recent year. The number of claims has been decreasing at the rate of about 2,000 per year. An earlier evaluation of the cost-effectiveness of the demonstration indicated that a large proportion of the increase in program costs was caused by the rise in the utilization of high-cost ancillary services, e.g., prescription drugs, dental care, and vision care. These were not offset by decreases in emergency and hospital usage. ■

#### **Municipal Health Services Program: Cincinnati**

**Project No:** 95-P-51000/05a  
**Project Officer:** Michael Henesch  
**Period:** June 1978 to December 2006  
**Funding:** \$0  
**Principal Investigator:** Daryl Cammerer  
**Award:** Service Agreement  
**Awardee:** City of Cincinnati  
3101 Burnet Avenue  
Cincinnati, OH 45229

**Description:** This project supports the Municipal Health Services Program (MHSP), originally established through a collaborative effort of the U.S. Conference of Mayors, the American Medical Association, the Robert Wood Johnson Foundation (RWJF), and CMS. CMS provides Medicare waivers to test the effects of increased utilization of municipal health centers by eliminating coinsurance and deductibles, expanding the range of covered services, and paying the cities the full cost of delivering services at the clinics. The intent of the waivers is to shift fragmented utilization from costly hospital emergency rooms and outpatient departments toward lower-cost MHSP clinics that would provide beneficiaries with comprehensive primary and preventive health care. Waivers and grants were awarded to Baltimore, Cincinnati, Milwaukee, and San Jose in June 1978.

**Status:** Congress has extended the demonstration several times. More recently, the Balanced Budget Act of 1997 extended the demonstration until December 31, 2000; the Balanced Budget Reconciliation Act of 1999 extended the demonstration until December 31, 2002; and the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 extended it until December 2004. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 extended the demonstration until December 21, 2006. The

demonstration does not accept new participants and is restricted to those who were in the program as of 1997.

Currently, there are under 25,000 Medicare beneficiaries remaining in all the sites that are eligible to participate in the demonstration. However, the number of unduplicated claims for the four sites totaled under 7,000 participants in the most recent year. The number of claims has been decreasing at the rate of about 2,000 per year. An earlier evaluation of the cost-effectiveness of the demonstration indicated that a large proportion of the increase in program costs was caused by the rise in the utilization of high-cost ancillary services, e.g., prescription drugs, dental care, and vision care. These were not offset by decreases in emergency and hospital usage. ■

#### **Municipal Health Services Program: Milwaukee**

**Project No:** 95-P-51000/05  
**Project Officer:** Michael Henesch  
**Period:** June 1978 to December 2006  
**Funding:** \$0  
**Principal Investigator:** Samuel Akpan  
**Award:** Service Agreement  
**Awardee:** City of Milwaukee  
841 North Broadway  
Milwaukee, WI 53202

**Description:** This project supports the Municipal Health Services Program (MHSP), originally established through a collaborative effort of the U.S. Conference of Mayors, the American Medical Association, the Robert Wood Johnson Foundation (RWJF), and CMS. CMS provides Medicare waivers to test the effects of increased utilization of municipal health centers by eliminating coinsurance and deductibles, expanding the range of covered services, and paying the cities the full cost of delivering services at the clinics. The intent of the waivers is to shift fragmented utilization from costly hospital emergency rooms and outpatient departments toward lower cost MHSP clinics that would provide beneficiaries with comprehensive primary and preventive health care. Waivers and grants were awarded to Baltimore, Cincinnati, Milwaukee, and San Jose in June 1978.

**Status:** Congress has extended the demonstration several times. More recently, the Balanced Budget Act of 1997 extended the demonstration until December 31, 2000; the Balanced Budget Reconciliation Act of 1999 extended the demonstration until December 31, 2002; and the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 extended it until December 2004. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 extended the demonstration until December 21, 2006. The

until December 2004. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 extended the demonstration until December 21, 2006. The demonstration does not accept new participants and is restricted to those who were in the program as of 1997.

Currently, there are under 25,000 Medicare beneficiaries remaining in all the sites that are eligible to participate in the demonstration. However, the number of unduplicated claims for the four sites totaled under 7,000 participants in the most recent year. The number of claims has been decreasing at the rate of about 2,000 per year. An earlier evaluation of the cost-effectiveness of the demonstration indicated that a large proportion of the increase in program costs was caused by the rise in the utilization of high-cost ancillary services, e.g., prescription drugs, dental care, and vision care. These were not offset by decreases in emergency and hospital usage. ■

#### Municipal Health Services Program: San Jose

**Project No:** 95-P-51000/09  
**Project Officer:** Michael Henesch  
**Period:** June 1978 to December 2006  
**Funding:** \$0  
**Principal Investigator:** Eva Lee  
**Award:** Service Agreement  
**Awardee:** City of San Jose  
151 West Mission Street  
San Jose, CA 95110

**Description:** This project supports the Municipal Health Services Program (MHSP), originally established through a collaborative effort of the U.S. Conference of Mayors, the American Medical Association, the Robert Wood Johnson Foundation (RWJF), and CMS. CMS provides Medicare waivers to test the effects of increased utilization of municipal health centers by eliminating coinsurance and deductibles, expanding the range of covered services, and paying the cities the full cost of delivering services at the clinics. The intent of the waivers is to shift fragmented utilization from costly hospital emergency rooms and outpatient departments toward lower cost MHSP clinics that would provide beneficiaries with comprehensive primary and preventive health care. Waivers and grants were awarded to Baltimore, Cincinnati, Milwaukee, and San Jose in June 1978.

**Status:** Congress has extended the demonstration several times. More recently, the Balanced Budget Act of 1997 extended the demonstration until December 31, 2000; the Balanced Budget Reconciliation Act of

1999 extended the demonstration until December 31, 2002; and the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 extended it until December 2004. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 extended the demonstration until December 21, 2006. The demonstration does not accept new participants and is restricted to those who were in the program as of 1997.

Currently, there are under 25,000 Medicare beneficiaries remaining in all the sites that are eligible to participate in the demonstration. However, the number of unduplicated claims for the four sites totaled under 7,000 participants in the most recent year. The number of claims has been decreasing at the rate of about 2,000 per year. An earlier evaluation of the cost-effectiveness of the demonstration indicated that a large proportion of the increase in program costs was caused by the rise in the utilization of high-cost ancillary services, e.g., prescription drugs, dental care, and vision care. These were not offset by decreases in emergency and hospital usage. ■

#### Mystery Shopping

**Project No:** 500-00-0037/09  
**Project Officer:** Barbara Cohen  
**Period:** August 2005 to June 2007  
**Funding:** \$611,222  
**Principal Investigator:** Erika Melman  
**Award:** Contract  
**Awardee:** Bearing Point  
1676 International Drive  
McLean, VA 22102-4828

**Description:** As part of the National Medicare Education Program (NMEP), the Centers for Medicare and Medicaid Services (CMS) must provide information about Medicare to beneficiaries, caregivers, providers, and partners. Performance assessment plays a critical part of the agency's efforts to provide this information. The Contractor shall provide assistance to CMS in assessing how well we are communicating with our Medicare beneficiaries, caregivers, and providers. With the activity of mystery shopping, emphasis is directed to ability to communicate well with people with Medicare and with caregivers. This Task Order concerns mystery shopping assessments of two NMEP channels: 1-800-MEDICARE and the State Health Insurance Assistance Programs (SHIPs).

**Status:** The project is underway. Mystery Shopping for 1-800-MEDICARE ended in February 2006. Mystery Shopping for the SHIP program is continuing and

the project will be extended with a six-month no-cost extension to February 14, 2007. ■

### National Evaluation of the Demonstration to Improve the Direct Service Community Workforce

**Project No:** 500-00-0048/01  
**Project Officer:** Kathryn King  
**Period:** September 2005 to September 2008  
**Funding:** \$918,265  
**Principal Investigator:** John Engberg  
**Award:** Task Order (RADSTO)  
**Awardee:** RAND Corporation  
 1700 Main Street, P.O. Box 2138  
 Santa Monica, CA 90407-2138

**Description:** The purpose of this Task Order is to evaluate the impact of the 10 grants awarded by the Centers for Medicare and Medicaid Services (CMS) under the "Demonstration to Improve the Direct Service Community Workforce." These grants were awarded to test the effectiveness of the various interventions to improve the recruitment and retention of direct service workers.

**Status:** Contractor completed the web-based analysis plan, evaluation design, and OMB application submission, including survey instrument drafts. Currently, contractor is finalizing various elements of the evaluation in advance of conducting surveys, pending OMB approval. ■

### National Implementation of Medicare Consumer Assessment of Health Plans Study - Fee-for-Service (CAHPS-FFS) Survey

**Project No:** 500-95-0061/07  
**Project Officer:** Edward Sekscenski  
**Period:** August 2000 to December 2005  
**Funding:** \$7,378,706  
**Principal Investigator:** Bridget Booske  
**Award:** Task Order  
**Awardee:** University of Wisconsin - Madison  
 750 University Avenue  
 Madison, WI 53706

**Description:** This project implements the Medicare Consumer Assessments of Health Plans Fee-For-Service (CAHPS-FFS) survey. Since 1998, CMS has collected

information on consumer satisfaction and health services experiences of beneficiaries enrolled in managed care health plans through annual implementation of the CAHPS survey in those plans. Since 2000, CMS has surveyed a cross-section of Medicare FFS enrollees using a CAHPS questionnaire designed to assess their satisfaction and experiences with regards to health care access, quality of care, customer service, and services utilization. The primary purpose of both CAHPS surveys is to collect, analyze, and disseminate information to beneficiaries to help them in choosing between managed care health plans in the Medicare+Choice program and the Original FFS Medicare Plan program. Survey results also are used (together with clinical quality information and other available data) to monitor and evaluate the quality of care and relative performance of the Medicare program and assist in development of quality improvement initiatives for services delivered to Medicare beneficiaries.

**Status:** A contract modification to the CAHPS-FFS project extended this project through December 31, 2005. The project was completed at that time with all reports and deliverables submitted. The CAHPS-FFS Survey is currently undergoing modification internally within CMS with the assistance of the Agency for Healthcare Research and Quality and will be integrated into the new Medicare CAHPS set of surveys to also include Medicare Prescription Drug Plans for implementation in Fiscal Year 2007. ■

### National Implementation of Medicare CAHPS - MMC Survey

**Project No:** 500-01-0020/02  
**Project Officer:** Elizabeth Goldstein  
**Period:** August 2003 to March 2007  
**Funding:** \$13,998,670  
**Principal Investigator:** W. Sherman Edwards  
**Award:** Task Order (ADDSTO)  
**Awardee:** Westat Corporation  
 1650 Research Boulevard  
 Rockville, MD 20850

**Description:** The Centers for Medicare & Medicaid Services (CMS) is an active participant in the CAHPS (Consumer Assessment of Health Plans) effort which is a cooperative agreement headed by the Agency for Health Care Research and Quality to develop standardized instruments and reporting formats for providing comparative information to aid consumers in making more informed health plan choices. The core CAHPS survey instrument developed for the adult commercial population is currently used to assess the care provided

by health plans covering over 123 million Americans. In 1997, CMS sponsored the development of a Medicare version of the CAHPS survey for enrollees (hereinafter referred to as the Medicare Managed Care CAHPS Survey (MMC-CAHPS)). CMS has just completed the seventh annual nationwide administration of MMC-CAHPS. CMS has funded three different Medicare versions of the CAHPS surveys to assess beneficiaries' experiences and ratings of care within the Medicare Program—Medicare+Choice (M+C) Assessment Survey, M+C Disenrollee Survey, and the Fee-for-Service (FFS) Survey.

**Medicare CAHPS Disenrollment Survey:** There are two different disenrollment surveys. In the Fall of 2000, CMS began to conduct a separate annual survey of beneficiaries who voluntarily disenrolled from M+C organizations to gather information about their experiences with the plan they left. This survey is known as the Medicare CAHPS Disenrollment Assessment Survey. Results from the Disenrollment Assessment Survey are combined with those from the Enrollee Survey for reporting to the public and to plans. Reporting the information in this way provides a more accurate account of all Medicare beneficiaries' experiences with M+C organizations. CMS added the survey results from disenrollees to the overall survey results to ensure that positive survey results were not the result of CMS's continuous enrollment policy. References to the MMC-CAHPS survey refer to the combination of the MMC-CAHPS Enrollee Survey and the Disenrollment Assessment Survey.

CMS also sponsors the Medicare CAHPS Disenrollment Reasons Survey. The purpose of the Reasons Survey is to collect data about the reasons why Medicare beneficiaries leave their M+C health plans. Although data from the Reasons Survey are analyzed on an annual basis, sampling and data collection are conducted on a quarterly basis. The Reasons Survey has been conducted for CMS each year since 2000 and survey results can be found on Medicare's website, [www.Medicare.gov](http://www.Medicare.gov), through Medicare Health Plan Compa

**Status:** The survey is conducted annually in the Fall. ■

### National Integrated Network for HIV/AIDS Care

**Project No:** 11-P-92299/9-02  
**Project Officer:** Jean Close  
**Period:** March 1998 to September 2005  
**Funding:** \$11,834,800  
**Principal Investigator:** Michael Weinstein  
**Award:** Grant  
**Awardee:** AIDS Healthcare Foundation  
 6255 West Sunset Boulevard, 16th Floor  
 Los Angeles, CA 90028

**Description:** Congress has provided funding to the AIDS Healthcare Foundation (AHF) each fiscal year since 1998. In the last three years, AHF has focused on outreach and hard-to-reach populations. The Foundation's 2005 grant will be used for the following programs: continued development of a national network of specialized HIV/AIDS-focused clinics in California and Florida; and expansion of the Los Angeles-based HIV testing and prevention program.

**Status:** The AIDS Healthcare Foundation was awarded grant funding every year since 1998. They most recently were awarded grant funding on April 8, 2005. The grant is for the 6 month period of March 31, 2005 through September 30, 2005. ■

### National Pediatric Care Education Initiative

**Project No:** 18-P-91848/05-01  
**Project Officer:** Melissa Harris  
**Period:** September 2003 to June 2005  
**Funding:** \$347,725  
**Principal Investigator:** Jody Chrastek  
**Award:** Grant  
**Awardee:** Children Health Care, Inc.  
 2425 Chicago Avenue South, Mail Stop 40-300  
 Minneapolis, MN 55404

**Description:** This grant will enable Children's Hospitals and Clinics to collaborate with the National Hospice and Palliative Care Organization in providing pediatric education services to clinicians and other providers and to serve as a model for nationwide education and consultation for providers caring for seriously ill children.

**Status:** The grantee has received a no-cost extension through June 29, 2005. Additional appropriations were received through the 2005 Appropriations Act. ■

### National Resource Center on Home and Community Based Services - Quality Under Home and Community Based Waiver

**Project No:** 500-96-0006/02  
**Project Officer:** Thomas Shenk  
 Hunter McKay  
**Period:** September 1999 to September 2004  
**Funding:** \$3,463,070  
**Principal Investigator:** Brian Burwell  
**Award:** Task Order  
**Awardee:** MEDSTAT Group (DC - Maryland Ave.)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** The purpose of this project is to develop and test the effectiveness of a National Consortium and Resource Center (NCRC) to improve access to consumer responsive home and community-based long-term care for people with disabilities of all ages. The long-range purpose of such a center would be to foster long-term care policies and practices that:

- Assist in leveling the playing field between institutional and community-based models of long-term care.
- Provide consumers with more control over choosing the setting in which they receive long-term care.
- Expand the range of high quality consumer responsive residential options, personal assistance, other home and community-based supports, and health-related services available to people with significant mental and/or physical disabilities who wish to live in home and community-based settings.
- Promote parity and equity between the availability of institutional and home and community-based long-term care.
- Explore the potential for managed care organizations to utilize and expand consumer-directed home and community care.
- Support financing and delivery approaches to consumer-responsive home and community-based services (HCBS) that enable States to manage and control their long-term care expenditures.

During a 24-month development period, this project will focus on two related activities that could become the core of a fully operational NCRC. First, project staff will explore the effectiveness of a variety of national and State level strategies for supporting collaborative planning and problem solving among various stakeholders who influence the direction of long-term care policy reform (including Federal and State policy officials, representatives of the aging and disability community, and providers). Second, they will try out several different approaches to equipping the various stakeholders with the information, tools, and technologies they need to plan and implement cost-effective systems of consumer-responsive home and community-based services.

**Status:** In addition to the basic activities, this project also has five significant

sub-activities: (1) The creation of a national inventory of quality improvement, (2) The development of systems and procedures for the collection, analysis, and management of long-term care data, (3) Performance measurement for the quality of care, (4) Research on the availability and adequacy of personal assistance services, and (5) The collection, analysis and dissemination of promising practices. ■

### Navigating the U.S. Healthcare System

**Project No:** 250-P-91910/04-02  
**Project Officer:** Richard Bragg  
**Period:** September 2003 to June 2006  
**Funding:** \$249,544  
**Principal Investigator:** DeAnne Karen Hilfinger Messias  
**Award:** Grant  
**Awardee:** University of South Carolina Research Foundation  
 College of Nursing  
 Columbia, SC 29208

**Description:** Access to healthcare that is culturally and linguistically acceptable is a

key health issue for Hispanic Americans. There are a number of deterrents for Hispanics to enroll in health insurance programs and access healthcare in their communities, including fear or distrust of governmental programs and the language barrier. The three main objectives of this project are to: (1) develop and implement a culturally appropriate English-as-a-second-language (ESL)- based educational intervention to improve access and utilization of the healthcare system by Limited English Proficiency (LEP) immigrants; (2) assess the short and long term-impact of an ESL-

based educational intervention on levels of knowledge, perceived self-efficacy of language and communication skills, and satisfaction with and utilization of the healthcare system; and

(3) monitor patterns of primary care and Emergency Department utilization and SCHIP enrollment by Hispanic children for a period of 12 months prior to and 6 months after the intervention.

**Status:** This project is under the Hispanic Health Services Research Grant Program. The project has been completed and is waiting on a final report. ■

for people with disabilities. He directed a number of Cabinet Secretaries, including Secretary of Health and Human Services (HHS) to “swift(ly) implement the Olmstead Decision (and) evaluate the policies, programs, statutes and regulations ... to determine whether any should be revised or modified to improve the availability of community-based service for qualified individuals with disabilities.” Each agency head was required to report to the President, through the Secretary of HHS, the results of their evaluation. A preliminary report, entitled Delivering on the Promise, was sent to the President on December 21, 2001. Individual Agency and Department Reports were sent on March 25, 2002. The HHS Report is entitled Progress on the Promise.

### New Freedom Initiative Research

**Project No:** 500-00-0021/02  
**Project Officer:** Adrienne Delozier  
**Period:** September 2003 to March 2006  
**Funding:** \$2,509,472  
**Principal Investigator:** Brian Burwell  
**Award:** Task Order (RADSTO)  
**Awardee:** MEDSTAT Group (DC - Conn. Ave.)  
4301 Connecticut Ave., NW, Suite 330  
Washington, DC 20008

**Description:** On June 22, 1999, the U.S. Supreme Court, in Olmstead versus L.C., provided an important legal framework for State and Federal efforts to enable individuals with disabilities to live in the most integrated setting appropriate to their needs. This decision affirmed that no one should have to live in an institution or nursing home if they can live in the community with the right mix of supportive services for their long-term care. The Americans with Disabilities Act of 1990 (ADA) is both reinforced and clarified with the Olmstead decision. This decision has challenged the Federal Government and States to develop more opportunities for individuals with disabilities to live and participate in the community through more accessible systems of cost-effective community-based services. The Medicaid Program plays a critical role in making long-term care available in the community by offering States many opportunities to deliver this care through mandatory State plan services like home health and optional services such as personal care. In addition, most States rely heavily on the Medicaid 1915(c), 1915(b) and 1115 waiver authorities to provide long-term care in the community.

On June 19, 2001, the President released an Executive Order aimed at expanding community-based alternatives

This contract supports several tasks that further the goals of the ADA, the Olmstead Decision, and the New Freedom Initiative including:

1. Collection, Analysis and Dissemination of Promising Practices, State Planning & Infrastructure – Supports the dissemination of timely information about effective models of and new innovations around long-term support on program and policy innovations so that all states and stakeholders may benefit from the experiences of their peers across the country.

2. On

**Status:** The project is underway. ■

### New Jersey Cash and Counseling Demonstration

**Project No:** 11-W-00118/02  
**Project Officer:** Marguerite Schervish  
**Period:** May 2000 to April 2008  
**Funding:** \$0  
**Principal Investigator:** William Ditto  
**Award:** Waiver-Only Project  
**Awardee:** New Jersey, Department of Human Services  
222 South Warren St, PO Box 700  
Trenton, NJ 08625-0700

**Description:** The purpose of these demonstrations is to provide greater autonomy to consumers of long-term care services by empowering them to purchase the assistance they require to perform activities of daily living. They are section 1115 waiver projects awarded to the States of Arkansas, Florida, and New Jersey. Persons chosen to participate in this demonstration will be assigned to either a treatment or a control group. Beneficiaries selected for the treatment group will receive cash allowances, which they can use to select and purchase

the personal assistance services (PAS) that meet their needs. Fiscal intermediary and counseling services will be available to those members of the treatment group who wish to utilize them. Individuals assigned to the control group will receive PAS services from traditional Medicaid providers, with the State making all vendor payments. Other partners in this collaborative effort include the Robert Wood Johnson Foundation, which funded the development of these projects; the Office of the Assistant Secretary for Planning and Evaluation within the Department of Health and Human Services, which is funding the evaluation; the National Program Office at the University of Maryland's Center on Aging, which is performing various coordinating functions; and the National Council on Aging, which has served in an advisory capacity. An evaluation contract has been awarded to Mathematica Policy Research, Inc. It will assess differential outcomes with respect to cost, quality, and client satisfaction between traditional PAS services and alternative choice modalities.

**Status:** New Jersey received approval on December 15, 2004 to eliminate the randomization component of the demonstration design. All demonstration enrollees, including those once randomized into the control group, will have the ability to self-direct the provision of their personal care services. CMS also granted New Jersey a three-year extension of demonstration authority, which is now in effect until April 30, 2008. ■

#### New Mexico Health Care Reform Demonstration

**Project No:** 11-W-0012416  
**Project Officer:** Samantha Wallack  
**Period:** January 2005 to December 2007  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Waiver-Only Project  
**Awardee:** Centers for Medicare & Medicaid Services  
 7500 Security Boulevard  
 Baltimore, MD 21244-1850

**Description:** On September 14, 1998, New Mexico submitted a proposal for the New Mexico Section 1115 Demonstration Project, a 5-year section 1115 demonstration. On January 11, 1999, the State was permitted to implement its title XXI Medicaid expansion to cover children in families through age 18 with income from 185 percent up to 235 percent of the Federal Poverty Level (FPL). New Mexico operates its Title XXI State Children's Health Insurance Program (SCHIP) Medicaid expansion through this demonstration. This demonstration permits New Mexico to have co-payment

requirements and a 6-month waiting period for the demonstration population. The renewal was approved on June 14, 2004.

**Status:** The State requested a 3-year extension of project number 11-W-0012416 entitled "The New Mexico Section 1115 Demonstration Project." CMS approved the renewal on June 14, 2004. The continuation period will run from January 1, 2005 through December 31, 2007. This extension is authorized under 1115(e) of the Social Security Act. ■

#### NF: Demo to Improve Direct Service Community

**Project No:** 11-P-92243/00-01  
**Project Officer:** Kathryn King  
**Period:** May 2004 to May 2007  
**Funding:** \$1,403,000  
**Principal Investigator:** Mindsay Schaffner  
**Award:** Grant  
**Awardee:** Home Care Quality Authority  
 640 Woodland Sq. Loop SE, P.O. Box 40940  
 Olympia, WA 98504

**Description:** This grant supports work in testing interventions to recruit and retain Direct Care Workers.

**Status:** The project is underway. ■

#### NF: Demo to Improve Direct Service Community

**Project No:** 11-P-92212/03-01  
**Project Officer:** Kathryn King  
**Period:** May 2004 to May 2007  
**Funding:** \$1,403,000  
**Principal Investigator:** Diana Thorpe  
**Award:** Grant  
**Awardee:** Virginia, Department of Medical Assistance Services  
 600 East Broad St, Suite 1300  
 Richmond, VA 23219

**Description:** This grant supports work in testing interventions to recruit and retain Direct Care Workers.

**Status:** The project is underway. ■

**NF: Demo to Improve Direct Service Community**

**Project No:** 11-P-92175/06-01  
**Project Officer:** Kathryn King  
**Period:** May 2004 to May 2007  
**Funding:** \$680,000  
**Principal Investigator:** Herb Sanderson  
**Award:** Grant  
**Awardee:** Arkansas, Department of Health and Human Services  
 Division of Medical Services  
 UR PO Box 1437  
 Little Rock, AR 72203-1437

**Description:** This grant supports work in testing various interventions to recruit and retain Direct Care Workers.

**Status:** The project is underway. ■

**North Penn VNA Children's Clinic**

**Project No:** 18-P-92307/3-01  
**Project Officer:** Monica Harris  
**Period:** July 2004 to July 2005  
**Funding:** \$74,049  
**Principal Investigator:** Kathleen Fitzgerald  
**Award:** Grant  
**Awardee:** North Penn Visiting Nurse Association  
 51 Medical Campus Drive  
 Lansdale, PA 19446-1254

**Description:** The purposes of the grant funding was for the expansion of health care services to children (birth to age 21) who are either uninsured or underinsured. On September 1, 2004 the clinic expanded its hours of service from 25 hours to 32 hours weekly. Children can now come to our clinic four days per week. The clinic continues to provide 24 hour/7 day per week telephone coverage as well for families. In addition to the expansion of clinic services, the clinic has arranged for the services of an MSW to be on site one day per week to assist some of our families in applying to and navigating through the MA system. Finally, the clinic staff is working with construction contractors planning the renovation of existing space inside our building to accommodate two more examining rooms.

**Status:** The project is complete. ■

**Northern New England Vascular Surgery Quality Improvement Initiative**

**Project No:** 18-C-91674/01-02  
**Project Officer:** Lindsey Bramwell  
**Period:** September 2001 to September 2008  
**Funding:** \$650,000  
**Principal Investigator:** Jack Cronenwett  
**Award:** Grant  
**Awardee:** Dartmouth University  
 HB 7850, 500 East Borwell,  
 Research Building Dartmouth,  
 Hitchcock Medical Center  
 Hanover, NH 03756

**Description:** The Vascular Study Group of Northern New England (VSG-NNE) is a voluntary, cooperative group of clinicians, hospital administrators, and research personnel organized to improve the care of patients with vascular disease. By collecting and exchanging information, the group strives to improve the quality, safety, effectiveness, and cost of caring for patients with vascular disease in Maine, New Hampshire, and Vermont.

**Status:** A cooperative clinical data registry was developed among the nine major hospitals in NNE that perform 80 percent of all vascular surgery in the region. Data including indications, comorbidities, operative details, and outcomes will be collected for carotid endarterectomy, abdominal aortic aneurysm repair, and lower extremity bypass surgery. The developed shared data registry prospectively collects data on vascular procedures. Data includes indications, comorbidities, selected procedural details, and short-term outcomes and analyzes patterns of care and outcomes of hospitals and surgeons. The variations in procedure rates and risk-adjusted outcomes will be added to account for the differences in case mix to improve outcomes and reduce geographic variation in procedure rates by using benchmarking and visits by clinical teams from each center for comparative process analysis and continuous quality improvement. ■

## Nursing Facility Transitions, Independent Living Partnership

<b>Project No:</b>	18-P-91656/04
<b>Project Officer:</b>	Gregg Ukaegbu
<b>Period:</b>	September 2001 to September 2004
<b>Funding:</b>	\$450,000
<b>Principal Investigator:</b>	Daniel Kessler
<b>Award:</b>	Grant
<b>Awardee:</b>	Mid Alabama Chapter of the Alabama Coalition of Citizens with Disabilities 206 13th Street South Birmingham, AL 35233-1317

**Description:** The Nursing Facility Transition, Independent Living Partnership Grants, part of the Real Choice Systems Change Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community through grants to support Independent Living Partnerships to selected Independent Living Centers (ILCs). These grants will promote partnerships between ILCs and states to support nursing facility transitions.

**Status:** This grant is in its third year of funding. ■

## Nursing Facility Transitions, Independent Living Partnership

<b>Project No:</b>	18-P-91580/06
<b>Project Officer:</b>	Marybeth Ribar
<b>Period:</b>	September 2001 to September 2004
<b>Funding:</b>	\$308,178
<b>Principal Investigator:</b>	Ronald Rocha
<b>Award:</b>	Grant
<b>Awardee:</b>	ARCIL, Inc. 825 E. Rundberg Ln, Suite A-1 Austin, TX 78753

**Description:** The Nursing Facility Transition, Independent Living Partnership Grants, part of the Real Choice Systems Change Grants for Community Living, will help states transition eligible individuals from nursing facilities to the community through grants to support Independent Living Partnerships to selected Independent Living Centers (ILCs). These grants will promote partnerships between ILCs and states to support nursing facility transitions.

**Status:** The grant is complete. It consisted of outreach and education activities for raising awareness of HCBS

and transitioning options. Several training products and brochures were developed but no Medicaid beneficiaries transitioned out of nursing facilities as part of project. ■

## Nursing Facility Transitions, State Program

<b>Project No:</b>	18-P-91591/01
<b>Project Officer:</b>	Bert Williams
<b>Period:</b>	September 2001 to September 2004
<b>Funding:</b>	\$770,000
<b>Principal Investigator:</b>	Margaret Chow-Menzer
<b>Award:</b>	Grant
<b>Awardee:</b>	Massachusetts, Department of Mental Retardation 500 Harrison Avenue Boston, MA 02118

**Description:** The Nursing Facility Transition, State Program Grants, part of the Real Choice Systems Change Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community. State program grants can be used for a wide range of activities, e.g., a State may wish to use State program grant funds to develop strategies for linking individuals with disabilities to Section 8 rental housing vouchers or developing other coordinated housing strategies. They will help individual States enable people with disabilities to reside in their own homes and participate fully in community life by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**Status:** This grant is in a no-cost extension for one year ending September 30, 2005 and is progressing toward completion. ■

**Nursing Facility Transitions, State Program**

**Project No:** 18-P-91638/04  
**Project Officer:** Marybeth Ribar  
**Period:** September 2001 to September 2004  
**Funding:** \$6,272,111  
**Principal Investigator:** Bonnie Hurd  
**Award:** Grant  
**Awardee:** Georgia, Department of Community Health  
 2 Peachtree Street, NW, 37th Floor  
 Atlanta, GA 30303

**Description:** The Nursing Facility Transition, State Program Grants, part of the Real Choice Systems Change Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community. State program grants can be used for a wide range of activities, e.g., a State may wish to use State program grant funds to develop strategies for linking individuals with disabilities to Section 8 rental housing vouchers or developing other coordinated housing strategies. They will help individual States enable people with disabilities to reside in their own homes and participate fully in community life by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**Status:** The project is complete and awaiting a final report. ■

**Nursing Facility Transitions, State Program**

**Project No:** 18-P-91639/01  
**Project Officer:** Ronald Hendl  
**Period:** September 2001 to September 2004  
**Funding:** \$770,000  
**Principal Investigator:** Todd Ringlestein  
**Award:** Grant  
**Awardee:** New Hampshire, Department of Health and Human Services, (Pleasant St)  
 105 Pleasant St  
 Concord, NH 03301

**Description:** The Nursing Facility Transition, State Program Grants, part of the Real Choice Systems Change Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community. State program grants can be used for a wide range of activities, e.g., a State may wish to use State program grant funds to develop strategies for linking individuals with disabilities to Section 8 rental housing vouchers or developing other coordinated housing strategies. They will help individual States enable people with disabilities to reside in their own homes and participate fully in community life by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**Status:** This grant is in the fourth year with an approved no-cost extension.

The fourth year budget is \$333,246. The grantee needs to complete work on the housing Access voucher program and implement wrap-around team model. The grantee continues to facilitate transitions and hold a state-wide conference. ■

**Nursing Facility Transitions, State Program**

**Project No:** 18-P-91518/00  
**Project Officer:** Thomas Shenk  
**Period:** September 2001 to September 2004  
**Funding:** \$770,000  
**Principal Investigator:** Kristina Smock  
**Award:** Grant  
**Awardee:** Washington, Aging and Adult Services Administration  
 PO Box 45600  
 Olympia, WA 98504-5600

**Description:** The Nursing Facility Transition, State Program Grants, part of the Real Choice Systems Change Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community. State program grants can be used for a wide range of activities, e.g., a State may wish to use State program grant funds to develop strategies for linking individuals with disabilities to Section 8 rental housing vouchers or developing other coordinated housing strategies. They will help individual States enable people with disabilities to reside in their own homes

and participate fully in community life by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**Status:** The project is complete. ■

### Nursing Facility Transitions, State Program

**Project No:** 18-P-91544/01  
**Project Officer:** Thomas Shenk  
**Period:** September 2001 to September 2004  
**Funding:** \$800,000  
**Principal Investigator:** Michele Parsons  
**Award:** Grant  
**Awardee:** Connecticut Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106

**Description:** The Nursing Facility Transition, State Program Grants, part of the Real Choice Systems Change Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community. State program grants can be used for a wide range of activities, e.g., a State may wish to use State program grant funds to develop strategies for linking individuals with disabilities to Section 8 rental housing vouchers or developing other coordinated housing strategies. They will help individual States enable people with disabilities to reside in their own homes and participate fully in community life by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**Status:** The project is complete. ■

### Nursing Facility Transitions, State Program

**Project No:** 18-P-91623/03  
**Project Officer:** Thomas Shenk  
**Period:** September 2001 to September 2004  
**Funding:** \$551,678  
**Principal Investigator:** Julie Shelton  
**Award:** Grant  
**Awardee:** West Virginia, Department of Health and Human Resources, Bureau for Medical Services  
350 Capitol St, Room 251  
Charleston, WV 25301-3706

**Description:** The Nursing Facility Transition, State Program Grants, part of the Real Choice Systems Change Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community. State program grants can be used for a wide range of activities, e.g., a State may wish to use State program grant funds to develop strategies for linking individuals with disabilities to Section 8 rental housing vouchers or developing other coordinated housing strategies. They will help individual States enable people with disabilities to reside in their own homes and participate fully in community life by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**Status:** The project is complete. ■

### Nursing Facility Transitions, State Program

**Project No:** 18-P-91651/08  
**Project Officer:** Thomas Shenk  
**Period:** September 2001 to September 2004  
**Funding:** \$800,000  
**Principal Investigator:** Kristie Braaten  
**Award:** Grant  
**Awardee:** Colorado, Department of Health Care Policy and Financing  
1570 Sherman Street  
Denver, CO 80203-1714

**Description:** The Nursing Facility Transition, State Program Grants, part of the Real Choice Systems Change

Grants for Community Living, will help States transition eligible individuals from nursing facilities to the community. State program grants can be used for a wide range of activities, e.g., a State may wish to use State program grant funds to develop strategies for linking individuals with disabilities to Section 8 rental housing vouchers or developing other coordinated housing strategies. They will help individual States enable people with disabilities to reside in their own homes and participate fully in community life by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**Status:** The project is complete. ■

#### **Nursing Home/Assisted Living Facility Construction**

**Project No:** 18-P-92331/8-01  
**Project Officer:** Priya Helweg  
**Period:** August 2004 to February 2007  
**Funding:** \$271,512  
**Principal Investigator:** Tracey Fischer  
**Award:** Grant  
**Awardee:** Cheyenne River Sioux Tribe  
 P.O. Box 590  
 Eagle Butte, SD 57625

**Description:** The purpose of the grant to the Cheyenne River Sioux Tribe (CRST) is to provide support to hire a Nursing Home Administrator. The Nursing Home Administrator will be developing the scope of services to be provided by CRST once the Nursing Home is built using funding from Housing and Urban Development (HUD).

**Status:** The project is underway. ■

#### **Oakland Enhanced Enterprise Community (EEC), Community Building Team (CBT) Program**

**Project No:** 11-W-00072/09  
**Project Officer:** Joan Peterson  
**Period:** February 1996 to February 2006  
**Funding:** \$0  
**Principal Investigator:** Eloise Anderson  
**Award:** Waiver-Only Project  
**Awardee:** California, Department of Health Services  
 1501 Capitol Avenue, Suite 71.6086,  
 MS 4000, PO Box 942732  
 Sacramento, CA 94234-7320

**Description:** The CBT Program is the core of Oakland EEC's empowerment efforts, and the project required various waivers from Administration for Children and Families (ACF) and CMS. The waivers from CMS disregard the project payments to Aid to Families with Dependent Children and Medi-Cal recipients when establishing eligibility or computing grant levels.

**Status:** States were permitted to continue many of the policies that had previously required waivers of pre-welfare reform Title IV-A by submitting a Temporary Assistance for Needy Families plan to the ACF. Unless otherwise indicated, States have elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstrations.

Unable to obtain status from ACF. ■

#### **Oasis Study**

**Project No:** 500-01-0021/01  
**Project Officer:** Kim Roche  
**Period:** September 2004 to December 2005  
**Funding:** \$536,510  
**Principal Investigator:** Deborah Deitz  
**Award:** Task Order (ADDSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** This project assists CMS in developing and implementing a study to determine how non-Medicare/non-Medicaid Outcomes and Assessment Information Set (OASIS) information is and can be used by large home health agencies (HHA).

**Status:** The survey instrument, to be used to gather information from home health providers, was approved

by OMB on March 10, 2005 (OMB approval number: 0938-0904). However, the contractor has reduced the number of questions on the survey instrument, and we have re-submitted it to OSORA for final approval. The final report was delivered to the project officer on December 30, 2005. The study is complete and the Report to Congress is in internal clearance. ■

### Oklahoma SoonerCare Demonstration

**Project No:** 11-W-00048/06  
**Project Officer:** Steven Rubio  
**Period:** October 1995 to December 2006  
**Funding:** \$0  
**Principal Investigator:** Garth Splinter  
**Award:** Waiver-Only Project  
**Awardee:** Oklahoma, Health Care Authority  
4545 N. Lincoln Blvd., Suite 124  
Oklahoma City, OK 73105

**Description:** SoonerCare fosters the creation of a managed-care infrastructure in urban and rural areas, thus increasing access to primary care for beneficiaries throughout the State and allowing for greater financial predictability of the State Medicaid Program.

SoonerCare uses fully capitated delivery systems in urban areas and requires urban plans to be rural partners by expanding their provider networks into adjacent rural areas. The urban health plan/rural partner program was implemented July 1, 1996 for Temporary Aid to Needy Families (TANF) and TANF-related beneficiaries. In rural areas without

managed-care organizations, a partially capitated primary care physician/case management (PCP/CM) model is used. The PCP/CM program was piloted in a

tri-county area beginning April 1, 1996 and was implemented Statewide on October 1, 1996. The program currently serves 319,365 beneficiaries. This includes TANF and TANF-related populations, as well as beneficiaries who are aged, blind, and disabled (ABD). The State implemented the program for the entire non-institutionalized ABD population July 1, 1997.

**Status:** The project has been extended through December 31, 2006. ■

### Open Source Electronic Health Record (EHR) Pilot Project

**Project No:** 18-P-92297/07-01  
**Project Officer:** Carl Taylor  
**Period:** June 2004 to November 2004  
**Funding:** \$100,000  
**Principal Investigator:** David Kibbe M.D., M.B.A.  
**Award:** Grant  
**Awardee:** American Academy of Family Physicians  
11400 Tomahawk Creek Parkway  
Leawood, KS 66211-2672

**Description:** The purpose of this grant was to assist the American Academy of Family Physicians to plan, carry out, and evaluate a collaborative pilot project in which six to twelve selected family medical practices implemented a low-cost, standards-based, electronic health record (EHR) over a 6-month period. The project was developed to:

(1) study, support, and monitor in these practices the transition from paper-based to electronic health records, with a focus on: factors that either facilitate or pose barriers to the practices' smooth adoption of the technology, and on the direct and indirect costs to the practices during the transition; and

(2) investigate the use of the EHR as a tool for improving the quality of care for selected patient populations (e.g., diabetes, asthma) through routine collection of quality indicator and performance data and the delivery of evidence-based guidelines and plans of care at the time of EHR use.

**Status:** This project closed January 31, 2005. ■

### Oregon 1115 Independent Choices

**Project No:** 11-W-00130/00  
**Project Officer:** Marguerite Schervish  
**Period:** December 2001 to November 2006  
**Funding:** \$0  
**Principal Investigator:** Susan Stoner  
**Award:** Demonstration

**Awardee:** Oregon Senior and Disabled Services  
500 Summer Street, NE  
Salem, OR 97310-1015

**Description:** This is an 1115 demonstration that allows individuals who are eligible for long-term care services to self-direct personal care and related services and to manage their cash allocation for these services. The program is available in three regions of the State for up to 300 consumers. This demonstration is similar in concept to the former approved Cash and Counseling demonstrations (now Independence Plus programs) in New Jersey, Florida, and Arkansas. The main difference is that Oregon's demonstration did not employ a randomized or experimental design.

In addition, compared to Cash and Counseling, this demonstration requires all participants to manage their cash allowance. Monthly service allocations are paid directly into participants' Independent Choices checking accounts. Participants would be responsible for deducting appropriate taxes and calculating employer payroll taxes. Participants pay their providers directly from their service allotment. A payroll service is available for participants who would like assistance and is required to be used by participants who have not passed a competency test to perform their fiscal responsibilities. The demonstration is less than Statewide and operates in three service areas with up to 100 participants enrolled in each site (Clackamas County, Coos/Curry Counties and Jackson/Josephine Counties). The State indicates in its proposal that the selection of these three sites allows the State to evaluate the replicability of the model Statewide and to evaluate the program in both urban and rural settings.

**Status:** Oregon's 1115 Independent Choices demonstration program was approved on November 22, 2000. Oregon submitted an amendment to allow payment to a participant's family, including the spouse of the participant. CMS approved the amendment on May 7, 2001. Oregon implemented the program on December 1, 2001. Current enrollment is about 300. Oregon intends to submit a request to amend and extend the program. Among other things, the State is seeking to offer self-directed personal care and related services Statewide. ■

### Outcome and Assessment Information Set (OASIS) Technical Analysis and Support Contract

**Project No:** 500-00-0026/02  
**Project Officer:** Pamela Cheetham  
**Period:** September 2002 to November 2006  
**Funding:** \$1,443,212  
**Principal Investigator:** Andrew Kramer  
**Award:** Task Order (MRAD)  
**Awardee:** Center for Health Services Research, University of Colorado 13611 East Cofax Ave., Suite 100 Aurora, CO 80011

**Description:** The purpose of this contract is to provide technical analysis and consultation to the Centers for Medicare & Medicaid Services (CMS) and its components on home health related projects using the Outcome and Assessment Information Set (OASIS) and/or the Outcome Based Quality Improvement technique of quality improvement. The objective is to assist CMS to provide information that can be used to improve home health quality of care and also to design and implement a data analysis system to provide outcome data used for the public reporting of home health outcomes. Home health outcome information is derived from the analysis of data obtained from the collection and reporting by home health agencies of patient assessment information using OASIS.

**Status:** The public reporting data support system was completed January 2003 to provide data for the Home Health Compare website. The contract was modified to provide continued support for the CMS public reporting effort, to provide additional technical and consultative support for the maintenance of the OASIS national reporting system and data repository and training in the collection of OASIS data, and to develop a web-based training program for Outcome Based Quality Improvement. ■

### Outpatient Therapy Alternative Payment Study

**Project No:** GS-35F-4694G  
**Project Officer:** Dorothy Shannon  
**Period:** September 2005 to September 2006  
**Funding:** \$335,000  
**Principal Investigator:** Dan Ciolek  
**Award:** GSA Order  
**Awardee:** Computer Sciences Corporation 15245 Shady Grove Road Rockville , MD 20850

**Description:** The contractor shall build on previously awarded contract information to study alternatives for payment of outpatient rehabilitation services. Study shall include consideration of additional information needed on claims to identify patient's need for therapy services, data analysis based on classification groups, and development of a plan to test implementable alternative payment systems.

**Status:** Contractors are on target to deliver a report on the feasibility of edits in April 2006 and a plan for testing payment alternatives in September 2006. ■

#### **Outreach and Enrollment Assistance for Childrens Health Initiative**

**Project No:** 18-P-92417/09-01  
**Project Officer:** Carl Taylor  
**Period:** September 2004 to September 2005  
**Funding:** \$98,732  
**Principal Investigator:** Margo Maida  
**Award:** Grant  
**Awardee:** Community Outreach Services  
 2325 Enborg Lane, #2H220  
 San Jose, CA 95128

**Description:** The goal of this grant was to provide funding assistance to Santa Clara County, California, for its Children's Health Initiative Program. This program provided outreach and enrollment assistance for families with children living in Santa Clara County with family income at or below 300 percent of the Federal Poverty Level.

**Status:** The project closed September 16, 2005. ■

#### **Partnership Plan, The**

**Project No:** 11-W-00114/02  
**Project Officer:** Camille Dobson  
**Period:** October 1997 to March 2009  
**Funding:** \$0  
**Principal Investigator:** Kathy Shure  
**Award:** Waiver-Only Project  
**Awardee:** New York, Department of Health, (Albany)  
 The Riverview Center, 4th Floor,  
 150 Broadway  
 Albany, NY 12204-2719

**Description:** The Partnership Plan Section 1115(f) Demonstration is designed to use a managed care delivery system to create efficiencies in the Medicaid program and enable the extension of coverage to certain individuals who would otherwise be without health insurance. The initial Partnership Plan demonstration was approved in 1997 to enroll most Medicaid recipients into managed care organizations (Medicaid managed care program). In 2001, the Family Health Plus program was implemented as an amendment to the Demonstration, providing comprehensive health coverage to low-income uninsured adults, with and without children, who have income and/or assets greater than Medicaid eligibility standards. In 2002, the Demonstration was further amended to provide family planning services to women losing Medicaid eligibility and certain other adults of childbearing age (family planning expansion program).

On December 15, 2004, the Medicaid Advantage amendment to the demonstration was approved. This amendment permits Medicare/Medicaid dual eligibles to enroll on a voluntary basis into one managed care plan for both Medicare and Medicaid services.

**Status:** Implementation of the demonstration, excluding FHPlus, began on October 1, 1997 on a county-by-county basis. As of April 2006, 23 counties and New York City have implemented mandatory managed care for non-disabled populations under the demonstration. The 23 counties include: Albany, Broome, Cattaraugus, Chautauqua, Columbia, Erie, Genesee, Greene, Herkimer, Livingston, Monroe, Nassau, Niagara, Oneida, Onondaga, Ontario, Orleans, Oswego, Rensselaer, Rockland, Saratoga, Suffolk, and Westchester.

Recipients qualifying for Medicaid because they are receiving SSI can be enrolled in managed care on a voluntary basis only, in all areas of the State except New York City. New York City began enrolling SSI recipients into managed care in October 2005.

As an alternative to mainstream managed care organizations, enrollees living with HIV/AIDS in New York City have the opportunity to enroll in a special needs plan. These plans offer enrollees an HIV specialist primary care provider, HIV case management services, and treatment adherence services. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92320/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$388,016  
**Principal Investigator:** David Krishanda  
**Award:** Grant  
**Awardee:** Mercy Hospital-Wilkes Barre  
 25 Church Street  
 Wilkes Barre, PA 18765

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92311/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$768,133  
**Principal Investigator:** C. Richard Hartman, MD  
**Award:** Grant  
**Awardee:** Community Medical Center  
 1800 Mulberry Street  
 Scranton, PA 18510

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92326/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$952,761  
**Principal Investigator:** Maggie Koehler  
**Award:** Grant  
**Awardee:** WVHCS - Hospital  
 575 North River Street  
 Wilkes-Barre, PA 18764

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92324/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$496,620  
**Principal Investigator:** Dean Eckenrode  
**Award:** Grant  
**Awardee:** UPMC Horizon  
 110 North Main Street  
 Greenville, PA 16125

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92328/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$62,201  
**Principal Investigator:** William Roe  
**Award:** Grant  
**Awardee:** Midvalley Hospital  
 1400 Main Street  
 Peckville, PA 18452

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92330/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$83,922  
**Principal Investigator:** Mark O'Neill  
**Award:** Grant  
**Awardee:** Jersey Shore Hospital  
 1020 Thompson Street  
 Jersey Shore, PA 17740

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92313/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$252,753  
**Principal Investigator:** James Edwards  
**Award:** Grant  
**Awardee:** Hazleton St. Joseph Medical Center  
 687 North Church Street  
 Hazleton, PA 18201

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92318/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$263,614  
**Principal Investigator:** Anne Buckley  
**Award:** Grant  
**Awardee:** Geisinger Wyoming Valley Medical Center  
 1000 East Mountain Boulevard  
 Wilkes-Barre, PA 18711

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92317/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$246,829  
**Principal Investigator:** Diane Krolikowski  
**Award:** Grant  
**Awardee:** CHS Berwick Hospital Corporation  
 Berwick Hospital Center  
 701 E. 16th Street  
 Berwick, PA 18603

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92322/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$175,742  
**Principal Investigator:** Pamela Wirth  
**Award:** Grant  
**Awardee:** Divine Providence Hospital  
 1100 Grampian Boulevard  
 Williamsport, PA 17701

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92314/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$160,933  
**Principal Investigator:** Erin Fitzgerald  
**Award:** Grant  
**Awardee:** The Bloomsburg Hospital  
 549 Fair Street  
 Bloomsburg, PA 17815

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92315/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$171,793  
**Principal Investigator:** Anthony Zelenka  
**Award:** Grant  
**Awardee:** United Community Hospital  
 631 North Broad Street Ext.  
 Grove City, PA 16127

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92327/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$503,532  
**Principal Investigator:** Harold Anderson  
**Award:** Grant  
**Awardee:** Moses Taylor Hospital  
 700 Quincy Avenue  
 Scranton, PA 18510

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92319/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$563,758  
**Principal Investigator:** David Krishanda  
**Award:** Grant  
**Awardee:** Mercy Hospital - Scranton  
 746 Jefferson Avenue  
 Scranton, PA 18501

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92329/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$109,592  
**Principal Investigator:** Thomas Dougherty  
**Award:** Grant  
**Awardee:** Tyler Memorial Hospital  
 880 SR 6W  
 Tunkhannock, PA 18657

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92316/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$655,578  
**Principal Investigator:** Raymond Schauer  
**Award:** Grant  
**Awardee:** Sharon Regional Health System  
 740 East State Street  
 Sharon, PA 16146

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92312/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$233,994  
**Principal Investigator:** James Edwards  
**Award:** Grant  
**Awardee:** Northeastern Pennsylvania Health Corp.  
 d/b/a Hazleton General Hospital  
 700 E. Broad Street  
 Hazleton, PA 18201

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92310/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$176,730  
**Principal Investigator:** Thomas Heron  
**Award:** Grant  
**Awardee:** Marion Community Hospital  
 100 Lincoln Avenue  
 Carbondale, PA 18407

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patient Care Workforce Stabilization**

**Project No:** 18-P-92321/03-01  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2005  
**Funding:** \$107,618  
**Principal Investigator:** Pamela Wirth  
**Award:** Grant  
**Awardee:** Muncy Valley Hospital  
 215 E. Water Street  
 Muncy, PA 17756

**Description:** The wage index in the area in which this hospital is located is lower than that in adjacent areas, making it difficult for the facility to retain and recruit health care workers. The purpose of this grant was to allow the hospital to increase the average hourly wage it pays to its employees, making it better able to improve its staffing levels.

**Status:** This project closed June 30, 2005. ■

**Patterns of Injury in Medicare and Medicaid Beneficiaries**

**Project No:** 500-95-0060/04  
**Project Officer:** Beth Benedict  
**Period:** September 2000 to February 2005  
**Funding:** \$715,991  
**Principal Investigator:** Deborah Garnick  
**Award:** Task Order  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
 415 South Street, P.O. Box 9110  
 Waltham, MA 02254-9110

**Description:** This project is a descriptive study of the impact of injuries, including an analysis of specific types of injuries, on Medicare and Medicaid populations. The study will examine the impact of injuries (unintentional and intentional) on health care costs, income, productivity, mortality and morbidity, especially among persons in vulnerable populations.

**Status:** The contract is completed. ■

## Pay-for-Performance for Physical Therapy and Occupational Therapy: Medicare Part B Services

<b>Project No:</b>	18-P-93066/9-01
<b>Project Officer:</b>	Dorothy Shannon
<b>Period:</b>	March 2005 to September 2006
<b>Funding:</b>	\$99,200
<b>Principal Investigator:</b>	Dennis Hart
<b>Award:</b>	Grant
<b>Awardee:</b>	Focus on Therapeutic Outcomes, Inc. 551 Yopps Cove Rd. White Stone, VA 22578

**Description:** The grantee will study the impact of implementing a pay-for-performance process for patients receiving physical therapy or occupational therapy under Medicare Part B. They will implement a pay-for-performance algorithm that they developed and refined from a retrospective analysis of data from Focus on Therapeutic Outcomes, Inc., and based on risk-adjusted functional outcomes and treatment visits. The process is designed to identify a possible replacement for the therapy cap.

**Status:** Focus on Therapeutic Outcomes, Inc. was awarded grant funding in the amount of \$99,200 on April 7, 2005. The grant is for an 18-month period of March 31, 2005 through September 30, 2006. ■

## Payment Accuracy Measurement (PAM) Project - New Mexico

<b>Project No:</b>	95-P-92275/06-01
<b>Project Officer:</b>	Christine Jones
<b>Period:</b>	September 2003 to December 2004
<b>Funding:</b>	\$222,400
<b>Principal Investigator:</b>	Matthew Onstott
<b>Award:</b>	Grant
<b>Awardee:</b>	New Mexico, Human Services Department P.O. Box 2348 Santa Fe, NM 87504

**Description:** This is one of a series of projects designed to meet a Government Performance and Results Act goal of CMS. The purpose of the Payment Accuracy Measurement (PAM) project is to explore the feasibility of conducting payment accuracy studies in all states using a single methodology that can produce both State-specific and national level payment accuracy estimates for the Title XIX Medicaid Program.

**Status:** The PAM Project grant recipient submitted its final report to CMS as required. ■

## Payment Development, Implementation and Monitoring for the BIPA Disease Management Demonstration

<b>Project No:</b>	500-00-0036/02
<b>Project Officer:</b>	J. Sherwood
<b>Period:</b>	September 2004 to September 2009
<b>Funding:</b>	\$1,383,158
<b>Principal Investigator:</b>	C. William Wrightson
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Actuarial Research Corporation 6928 Little River Turnpike, Suite E Annandale, VA 22003

**Description:** The purpose of this task order is to provide support to the Centers for Medicare & Medicaid Services (CMS) in implementing and monitoring demonstrations projects that provide disease management services to Medicare beneficiaries. These demonstrations include the LifeMasters Disease Management Demonstration for dually-eligible Medicare beneficiaries, and several other disease management demonstrations that are in the planning stages.

Under this task order, the major tasks are:

1. Providing general technical support to CMS in the analysis of rate proposals and assistance in calculating the appropriate payment rates (both initial and annual updates) for the selected projects,
2. Educating of demonstration sites regarding payment calculations, billing processes and requirements, and budget neutrality requirements,
3. Monitoring payments and Medicare expenditures to assure budget neutrality, including designing data collection processes for use in collecting and warehousing necessary data elements from sites and CMS administrative records for assessing performance.
4. Performing financial analysis to assist in the financial settlement and reconciliation.

**Status:** Using information supplied by LifeMasters, the contractor developed monthly rates for the project. The contractor is providing the projects with Medicare claims information on the beneficiaries that are enrolled in this disease management treatment group on a regular basis. The contractor also provides the project with summary information relating to Medicare claims for the control group. The contractor monitors the Medicare claims for both treatment and control groups and on a quarterly basis provides a detailed analysis to CMS and the project for monitoring their progress in maintaining budget neutrality. ■

### **Payment Development, Implementation Support, and Financial Monitoring for the Care Management of High Cost Beneficiaries Demonstration**

**Project No:** 500-01-0033/03  
**Project Officer:** Charles Campbell  
**Period:** May 2005 to November 2009  
**Funding:** \$1,323,754  
**Principal Investigator:** C. William Wrightson  
**Award:** John Wilkin  
**Awardee:** Task Order (RADSTO)  
**Award:** Actuarial Research Corporation  
**Awardee:** 6928 Little River Turnpike, Suite E  
**Awardee:** Annandale, VA 22003

**Description:** This task order supports the Centers for Medicare and Medicaid Services (CMS) in implementing approximately six regional programs to provide care management services to high cost Medicare fee-for-service beneficiaries under the Care Management for High-Cost Medicare Beneficiaries Demonstration (CMHCB). The assumption is that 8,000 beneficiaries will be placed in an intervention group and 8,000 in a control group for each of the 6 programs, yielding 80,000 to 120,000 beneficiaries for ongoing analysis.

**Status:** The project is underway. ■

### **Payment Development, Implementation, and Monitoring Support for the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) Disease Management Demonstrations**

**Project No:** 500-00-0036/01  
**Project Officer:** J. Sherwood  
**Period:** September 2002 to September 2007  
**Funding:** \$435,557  
**Principal Investigator:** C. William Wrightson  
**Award:** Task Order (RADSTO)  
**Awardee:** Actuarial Research Corporation  
**Awardee:** 6928 Little River Turnpike, Suite E  
**Awardee:** Annandale, VA 22003

**Description:** The purpose of this task is to support CMS in implementing a demonstration project in three or more sites to provide disease management services to Medicare beneficiaries with advance stages of congestive heart failure, coronary heart disease, and/or diabetes. Specifically, this project 1) provides general technical support in the analysis of rate proposals and assistance in calculating the appropriate payment rates (both initial and annual updates) for the selected projects; 2) educates demonstration sites regarding payment calculations, billing processes and requirements, and budget neutrality requirements; 3) monitors payments and Medicare expenditures to assure budget neutrality, including designing data collection processes for use in collecting and warehousing necessary data elements from sites and CMS administrative records for assessing performance; and 4) performs financial analysis to assist in the financial settlement and reconciliation.

**Status:** Using information supplied by the sites, the contractor developed monthly rates for the three BIPA demonstration projects. The contractor is providing the projects with Medicare claims information on the beneficiaries that are enrolled in the Disease Management treatment group on a regular basis. The contractor also provides the project with summary information relating to Medicare claims for the control group. The contractor monitors the Medicare claims for both treatment and control groups and on a quarterly basis provides a detailed analysis to CMS and the projects for monitoring their progress in maintaining budget neutrality. ■

## Payment, Data Management, Implementation, and Monitoring Support for the Medicare Care Management Performance Demonstration

<b>Project No:</b>	500-00-0036/03
<b>Project Officer:</b>	Jody Blatt
<b>Period:</b>	September 2004 to September 2006
<b>Funding:</b>	\$1,377,003
<b>Principal Investigator:</b>	C. William Wrightson
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Actuarial Research Corporation 6928 Little River Turnpike, Suite E Annandale, VA 22003

**Description:** The purpose is to support CMS in implementing the Medicare Care Management Performance (MCMP) demonstration project and providing technical and administrative support to CMS in management of data and payment incentives

to participating physician practices. Option II - Phase III has been exercised.

**Status:** Planning for the demonstration is underway. The demonstration is projected to be implemented in 2006. ■

## Pediatric Palliative Care Demonstration Project

<b>Project No:</b>	18-P-91848/5-02
<b>Project Officer:</b>	Melissa Harris
<b>Period:</b>	September 2003 to June 2006
<b>Funding:</b>	\$645,325
<b>Principal Investigator:</b>	Jerry Massman
<b>Award:</b>	Grant
<b>Awardee:</b>	Children Health Care, Inc. 2425 Chicago Avenue South, Mail Stop 40-300 Minneapolis, MN 55404

**Description:** This grant continues work started under prior year Congressional funding. The objectives of this project are to: create a pilot education and consultation program in Minneapolis and St. Paul; to provide an innovative curriculum and program to train clinicians and providers in pediatric palliative care; provide guidance to providers in a five-State region who are interested in establishing their own pediatric palliative care program; assist the Children's Hospitals and Clinics of Minnesota in becoming a national resources center in pediatric palliative care; and create a model for pediatric palliative education programming throughout the United States.

**Status:** This grant was awarded in Fiscal Years 2003 and 2005 and the project is underway. ■

## Per-Case Payment to Encourage Risk Management and Service Integration in the Inpatient Acute-Care Setting

<b>Project No:</b>	500-92-0013/05
<b>Project Officer:</b>	Mark Wynn
<b>Period:</b>	September 1995 to April 2005
<b>Funding:</b>	\$877,000
<b>Principal Investigator:</b>	Janet Mitchell
<b>Award:</b>	Delivery Order
<b>Awardee:</b>	Research Triangle Institute, (MA) 411 Waverley Oaks Road, Suite 330 Waltham, MA 02452-8414

**Description:** The purpose of this project is to design a demonstration, conduct a solicitation, and provide technical assistance during the implementation of a per-case payment system. Discounted lump-sum payments based on each participating physician hospital organization's historical payment experience for all diagnosis-related groups are made to the representative organization. The demonstration sites are called Medicare physician provider partnerships. The demonstration seeks to measure actual provider behavioral response, patient satisfaction, health outcomes, and overall impact on the Medicare program, given a financial risk-sharing intervention for acute Medicare Part A and Part B inpatient services. This demonstration is intended to provide important understanding about the administrative complexities, their associated costs, and other implementation issues surrounding a medical staff payment approach. This demonstration builds on research conducted under two prior studies (500-92-0020DO07 and 18-C-90038/3) investigating alternative payment options for medical staffs that would promote efficiency and improve service delivery during acute inpatient stays.

**Status:** The contractor assisted CMS in developing payment rates and savings estimates for the demonstration. Operation of the demonstration was cancelled due to computer systems issues. ■

## Physician Referral Patterns to Specialty Hospitals

**Project No:** 500-00-0024/12  
**Project Officer:** Philip Cotterill  
**Period:** July 2004 to August 2007  
**Funding:** \$990,648  
**Principal Investigator:** Jerry Cromwell  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The purpose of this project is to conduct a study of the referral patterns and benefits of specialty hospitals as required under section 507 of the MMA. The study will be used to help determine whether the 18-month moratorium (which expires June 2005) on physician referrals to specialty hospitals in which they hold an ownership interest should be lifted, extended, or made permanent.

**Status:** The final report is available on the CMS website at <http://www.cms.hhs.gov/reports/downloads/cromwell3.pdf>

An update of the tables in the original report will be made using 2004 data. A supplemental report that compares ASC and OPPS pricing for orthopedic and surgery hospitals will be available in Fall 2006 on the CMS website. ■

## Pilot Study of Medicaid Payment Accuracy Review

**Project No:** 500-00-0051/05  
**Project Officer:** Lisa Fukushima  
**Period:** September 2004 to September 2005  
**Funding:** \$749,261  
**Principal Investigator:** Paul Hogan  
**Award:** Task Order (RADSTO)  
**Awardee:** Lewin Group  
 3130 Fairview Park Drive, Suite 800  
 Falls Church, VA 22042

**Description:** This project will allow CMS and the States to further prepare for the implementation of the Payment Error Rate Measurement (PERM) Program. The PERM program, anticipated to be implemented in the Fiscal Year 2006, will measure

the payment error rate in the Medicaid Program and in the SCHIP Program.

**Status:** The project is currently underway. We are in the process of extending this contract to December 31, 2006. ■

## Practice Expense Methodology

**Project No:** 500-2004-00054C  
**Project Officer:** Kenneth Marsalek  
**Period:** June 2004 to June 2006  
**Funding:** \$324,943  
**Principal Investigator:** Allen Dobson  
**Award:** Task Order  
**Awardee:** Lewin Group  
 3130 Fairview Park Drive, Suite 800  
 Falls Church, VA 22042

**Description:** This project provided technical assistance to evaluate various aspects of the practice expense methodology for the Medicare Physician Fee Schedule. Until January 1992, Medicare paid for physicians' services based on a reasonable charge system. This system led to payment variations among types of services, physician specialties, and geographic areas. In 1989, Congress established a fee schedule for the payment of physicians' services. Under the formula set forth in the law, the payment amount for each service is the product of three factors:

- A nationally uniform relative value.
- A geographic adjustment factor for each physician fee schedule area.
- A nationally uniform conversion factor that converts the relative value units (RVUs) into payment amounts for services. The RVUs for each service reflect the resources involved in furnishing the three components of a physician's service:
  - Physician work (i.e., a physician's own time and effort).
  - Practice expenses net of malpractice expenses.
  - Malpractice insurance expenses.

The original practice expense RVUs were derived from 1991 historical allowed

charges. A common criticism was that for many items these RVUs were not

resource-based because they were not directly based on the physician's

resource inputs. CMS was required to implement a system of resource-based practice expense relative

value units (PERVUs) for all physicians' services by 1998. The Balanced Budget Act of 1997 (BBA) made a number of changes to the system for determining PERVUs, including delay of initial implementation until 1999 and provision for a 4-year transition. To obtain practice expense data at the procedure code level, CMS convened Clinical Practice Expert Panels (CPEPs). The CPEPs provided the direct inputs of physician services, i.e., the amount of clinical and administrative staff time associated with a specific procedure and medical equipment and medical supplies associated with a specific procedure. In June 1997, we published a proposed rule for implementing resource-based practice expense payments. The methodology incorporated elements of the CPEP process to develop the direct expense portion of the PERVU. The indirect expense portion of the PERVU was based on an allocation formula. In addition to delaying the implementation of resource-based practice expense payments until January 1, 1999, the BBA phased in the new payments over a 4-year transition period. In developing new practice expense RVUs, we were required to:

- Utilize, to the maximum extent

**Status:** CMS is no longer accepting supplementing survey data. The AMA is planning a survey of physician practices. CMS staff and the contractor plan to meet with AMA staff to discuss various approaches to surveying non-physician practitioners to obtain practice expense data. ■

### Premier Hospital Quality Incentive Demonstration

**Project No:** 95-W-00103/04  
**Project Officer:** Katharine Pirotte  
**Period:** October 2003 to September 2006  
**Funding:** \$0  
**Principal Investigator:** Diana Jackson  
**Award:** Waiver-Only Project  
**Awardee:** Premier Healthcare Informatics  
 2320 Cascade Pointe Boulevard,  
 Suite 100  
 Charlotte, NC 28208

**Description:** The purpose of the demonstration is to determine the effectiveness of economic incentives targeted toward improving the quality of inpatient care for Medicare beneficiaries by giving financial incentives to hospitals of high quality and by reporting quality data on the CMS web site.

**Status:** The demonstration began on October 1, 2003. Premier, Inc. is a large association of non-profit hospitals

which operates a quality measurement organization for about 500 hospitals. The demonstration project began with about 278 of the 500 Premier hospitals. Medicare awarded \$8.85 million to hospitals that showed measurable improvements in care during the first year of the demonstration. Quality of care improved in all of the five clinical areas for which quality was measured. ■

### Premier Hospital Quality Incentive Demonstration

**Project No:** 500-00-0015/02  
**Project Officer:** Linda Radey  
**Period:** September 2004 to September 2008  
**Funding:** \$819,457  
**Principal Investigator:** Harmon Jordon  
 Kevin Coleman  
 Cheryl Damberg  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** This project is to evaluate the impact of the Premier Hospital Quality Incentive (HQI) Demonstration on the changes in the quality and cost care for five prevalent inpatient diagnoses. Under the demonstration, CMS will reward top-performing hospitals in each year of the demonstration. In addition, CMS has the potential to penalize hospitals in the third year of the demo that perform below an absolute level of quality that will be established after the first year.

**Status:** The project is in its second year. ■

### Preparation of Analytic Data for National, State and Age Accounts Data Analysis

**Project No:** CMS-03-01070  
**Project Officer:** Anne Martin  
**Period:** July 2003 to July 2005  
**Funding:** \$199,999  
**Principal Investigator:** Teri Deutsch  
**Award:** GSA Order  
**Awardee:** Fu Associates  
 2300 Clarendon Boulevard, Suite 1400  
 Arlington, VA 22201

**Description:** This project continues the tabulations of data by State, age, and by National Health Account type of service for use in the National, State, and Age Health Account estimation.

**Status:** This is a continuation of work performed under contract number CMS-01-01137. ■

#### Prescription Drug Benefit Questionnaire Item Development and Cognitive Testing

**Project No:** 500-00-0024/02c  
**Project Officer:** Noemi Rudolph  
**Period:** May 2001 to August 2005  
**Funding:** \$257,000  
**Principal Investigator:** Lauren McCormack  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The purposes of this project are (1) to develop and cognitively test the reliability and content validity of a set of questions for the Medicare Current Beneficiary Survey (MCBS) that gather information on the generosity of beneficiary prescription drug coverage, (2) to develop and cognitively test questions for a survey that measures the type, depth, and adequacy of beneficiary prescription drug coverage, and (3) analyze data using selected MCBS questions on prescription drug coverage, including those developed in item 1 to determine: (a) beneficiary cost-sharing measures currently used by existing health plans that provide prescription drug benefits, (b) any differing characteristics of beneficiaries with and without current drug coverage, and (c) any differences in beneficiary knowledge for those with and without coverage for prescription drugs. The questions and analysis will inform CMS implementation, monitoring, and evaluation of the future Medicare prescription drug benefit.

**Status:** Questions relating to the generosity of coverage were developed, tested, and fielded in the Winter 2004 Round of the MCBS (Round 38). A final report describing the findings on beneficiary cost-sharing measures, characteristics of those with and without drug coverage including any difference in beneficiary knowledge was submitted to CMS in September 2005. Questions on the type, depth, and adequacy of prescription drug coverage were developed and cognitively tested in Fall 2004. A report on the cognitive testing results was submitted to CMS in June 2005. ■

#### Prescription Drug Coverage in Medicaid: Using Medicaid Claims Data to Develop Prescription Drug Monitoring and Analysis

**Project No:** 500-00-0047/02  
**Project Officer:** David Baugh  
**Period:** September 2002 to July 2008  
**Funding:** \$1,172,286  
**Principal Investigator:** Jim Verdier  
**Award:** Task Order  
**Awardee:** Mathematica Policy Research, (DC)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** Rapid growth in Medicaid prescription drug expenditures, serious State budget problems, and the congressional debate on Medicaid prescription drug coverage have combined to draw increasing attention to prescription drug use in Medicaid. The new Medicaid Analytic eXtract (MAX) database for 1999 provides an opportunity to develop tables, graphs, and analyses that can illuminate these prescription drug issues for Federal and State policymakers, stakeholder groups, and researchers at a level of detail not readily available to date. This contract uses the MAX data to address Medicaid and Medicare prescription drug issues.

**Status:** The contractor has prepared a full set of data tables in the form of a statistical compendium, using 1999 MAX data for the 50 States and Washington, D.C. The tables provide detailed information on prescription drug utilization and spending for three major populations: all Medicaid, dual enrollees and Medicaid nursing facility residents. These data are available on the CMS web site data:

[http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/08\\_MedicaidPharmacy.asp#TopOfPage](http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/08_MedicaidPharmacy.asp#TopOfPage)

The contractor has also produced a Medicaid prescription drug chart book that has also been posted on the CMS web site, and is accessible at these addresses.

In the fall of 2005, the contract was modified to add a task to prepare similar tables and a chartbook using 2001 MAX data for the 50 States and Washington, D.C. The additional work, which includes analysis of changes from 1999 to 2001, is currently under way. ■

**Program to Enhance Medicaid Access for Low Income HIV-Infected Individuals in the District of Columbia (DC HIV/AIDS 1115 Demonstration)**

**Project No:** 11-W-00131/03  
**Project Officer:** Camille Dobson  
**Period:** January 2005 to January 2010  
**Funding:** \$0  
**Principal Investigator:** Robert Cosby, M.D.  
**Award:** Demonstration  
**Awardee:** District of Columbia, Department of Health  
825 N. Capitol St, NE  
Washington, DC 20012

**Description:** The District of Columbia's 1115 Demonstration intends to enhance Medicaid access for low-income HIV-infected individuals not otherwise eligible to participate in Medicaid. The project provides a full range of Medicaid benefits for the District's HIV positive population whose income is up to 100% of the Federal Poverty Level. The purpose of the demonstration is to provide more effective, early treatment of HIV disease by making available all Medicaid services, including anti-retroviral therapies. The District believes that early treatment provided to individuals with HIV/AIDS will reduce expensive hospitalizations and improve the quality of life for individuals who are able to enroll in the demonstration. The District contracted with a provider to select and oversee a network of pharmacy providers that dispense HIV-related pharmaceuticals procured through the Federal Supply Schedule. It is expected that the enrollment cap will range between 200 to 400 individuals throughout the demonstration.

**Status:** The District's 1115 HIV/AIDS demonstration program was approved on January 19, 2001. The District submitted an amendment on June 19, 2002 and it was approved on September 16, 2002 in order to allow the District to contract with selected pharmacy providers to distribute HIV-related pharmaceuticals procured under the Federal Supply Schedule to the entire Medicaid populations as well as the demonstration enrollees. The District implemented the program on January 14, 2005. ■

**Programmatic Technical Assistance to the Grantees Under the Demonstration to Improve the Direct Service Community Workforce**

**Project No:** 500-00-0051/04  
**Project Officer:** Kathryn King  
**Period:** October 2004 to September 2007  
**Funding:** \$351,326  
**Principal Investigator:** Lisa Maria Alecxih  
**Award:** Task Order (RADSTO)  
**Awardee:** Lewin Group  
3130 Fairview Park Drive, Suite 800  
Falls Church, VA 22042

**Description:** The purpose of this project is to provide funding for a project that will provide programmatic technical assistance to the ten grantees in the Demonstration to Improve the Direct Services Community Workforce.

**Status:** The project is underway. UPDATE: Contractor provides programmatic TA to grantees on regular basis, posts relevant materials on the DSW website for grantees it created, holds bi-monthly calls for all grantees and topical calls by grantee-intervention type, and developed written products based on the DSW Intensive activity at the NFI conference. ■

**Programming Support for Data to Study Drug Utilization of Medicare-Aged Merged Information from Medicare and Federal BC/BS Retirees**

**Project No:** 500-02-0006/02  
**Project Officer:** Jesse Levy  
**Period:** July 2003 to January 2005  
**Funding:** \$99,950  
**Principal Investigator:** Celia H. Dahlman  
**Award:** Task Order (ADP Support)  
**Awardee:** CHD Research Associates  
5515 Twin Knolls Road #322  
Columbia, MD 21045

**Description:** The project starts with claims and enrollee data for retirees from the Federal Employee Blue Cross/Blue Shield (BC/BS) claims and enrollee data for the years 1999 through 2002. These files, in conjunction with CMS claims data for these enrollees, will be analyzed to derive a drug benefit risk-adjustment model. For each retiree in the dataset, the contractor will compile all the diagnoses in both the BC/BS and CMS data systems, drug spending, Medicare spending, and

demographic information. The resulting files will be turned over to CMS for analysis.

**Status:** The project is complete. ■

#### Programming support for development of the SEER-Medicare database

**Project No:** 500-96-0516/09  
**Project Officer:** Gerald Riley  
**Period:** June 1999 to March 2006  
**Funding:** \$592,229  
**Principal Investigator:** Celia H. Dahlman  
**Award:** Task Order (ADP Support)  
**Awardee:** CHD Research Associates  
5515 Twin Knolls Road #322  
Columbia, MD 21045

**Description:** This project provides programming support for the Surveillance, Epidemiology, and End Results (SEER)-Medicare database. The SEER-Medicare database has been in existence since 1991 and is the collaborative effort of the National Cancer Institute, the SEER registries, and CMS to create a large population-based source of information for cancer-related epidemiologic and health services research. The creation of the linked files requires matching persons reported to the SEER registries with a master file of Medicare enrollment to determine which persons appearing in the SEER data are entitled to Medicare. For persons found to be Medicare enrollees, their Medicare claims are extracted. The programming services are for the update and maintenance of the SEER-Medicare linked data, analyses related to the SEER-Medicare data, and analyses related to other Medicare Program studies.

**Status:** CHD Research Associates recently updated the linkage to incorporate SEER cases diagnosed through 2002. The update included cases diagnosed in 2000-2002 from four SEER expansion areas. ■

#### Programming Support for the Development of the SEER-Medicare Database to Examine the Hospice Benefit among Aged Medicare Beneficiaries

**Project No:** 500-96-0516/10  
**Project Officer:** Arthur Meltzer  
**Period:** September 1999 to November 2004  
**Funding:** \$49,998  
**Principal Investigator:** Celia H. Dahlman  
**Award:** Task Order (ADP Support)  
**Awardee:** CHD Research Associates  
5515 Twin Knolls Road #322  
Columbia, MD 21045

**Description:** This project provides programming services for the development of an analytic file of hospice services using the updated Surveillance, Epidemiology, and End Results (SEER)-Medicare database. The SEER-Medicare database has been in existence since 1991 and is the collaborative effort of the National Cancer Institute, the SEER registries, and CMS to create a large population-based source of information for cancer-related epidemiologic and health services research. The creation of the linked files requires matching persons reported to the SEER registries with a master file of Medicare enrollment to determine which persons appearing in the SEER data are entitled to Medicare. Preliminary analyses of the use of hospice services among elderly beneficiaries diagnosed with cancer suggest some differences by age, race, income, and HMO status. This project expands preliminary analyses beyond colorectal and lung cancer cases diagnosed in 1992 and 1993 to include more cases from the updated Medicare-SEER data base. We will examine the sociodemographic determinants of hospice use among all decedent cancer patients, ages 65 and older, and expenditure patterns of users and non-users of hospice care. Additionally, analyses will focus on differences among cancer patients enrolled in health maintenance organizations (HMO) and fee for service (FFS).

**Status:** Data files have been constructed and are awaiting analysis. ■

## Programming Support for the Evaluation of the MMA Section 641(e) Demonstration Program

**Project No:** 500-02-0006/05  
**Project Officer:** Penny Mohr  
**Period:** February 2005 to February 2007  
**Funding:** \$99,899  
**Principal Investigator:** Celia H. Dahlman  
**Award:** Task Order (ADP Support)  
**Awardee:** CHD Research Associates  
 5515 Twin Knolls Road #322  
 Columbia, MD 21045

**Description:** Provide programming support for the evaluation of the Section 641 Demonstration Program. This demonstration, also known as the Medicare Replacement Drug Demonstration, provides Medicare coverage for selected oral and self-injectable drugs not previously covered under Medicare Part B. One aspect of the evaluation will be an analysis of patterns of health care spending on costs for patients covered under the demonstration. This task order is to obtain programming services to create person-level analytic files linking across Medicare claims and Medicare enrollment databases.

**Status:** Analyses of spending patterns for the 8 months prior to the start of the demonstration have been completed and will be included in the Report to Congress, due July 2006. A follow-on study of spending patterns under the demonstration is underway. ■

## Programming Support for Utilization and Cost Studies Using the SEER-Medicare Database

**Project No:** 500-02-0006/04  
**Project Officer:** Gerald Riley  
**Period:** September 2004 to September 2008  
**Funding:** \$199,987  
**Principal Investigator:** Celia H. Dahlman  
**Award:** Task Order (ADP Support)  
**Awardee:** CHD Research Associates  
 5515 Twin Knolls Road #322  
 Columbia, MD 21045

**Description:** This project provides programming support for research projects involving the Surveillance, Epidemiology, and End Results (SEER)-Medicare database. The SEER-Medicare database has been in existence since 1991 and is the collaborative effort of the National Cancer Institute (NCI), the SEER registries, and CMS to create a large population-based source of

information for cancer-related epidemiologic and health services research. The linked database combines clinical data on incident cancer cases from SEER with Medicare claims and enrollment information.

Investigators from both CMS and NCI use SEER-Medicare for studies of patterns and costs of cancer care. The purpose of this contract is to provide programming support for such studies through the creation of analytic files and development of statistical programs.

CMS and NCI are both providing funds for this effort.

**Status:** The contractor has conducted preliminary work on analytic files related to several projects for CMS, NCI, and NCI contractors. ■

## Programming, Analytical and Data Presentation Support for Future of Medicare Related Issues

**Project No:** 500-96-0516/06  
**Project Officer:** William Long  
**Period:** September 1998 to February 2005  
**Funding:** \$117,424  
**Principal Investigator:** Celia H. Dahlman  
**Award:** Task Order (ADP Support)  
**Awardee:** CHD Research Associates  
 5515 Twin Knolls Road #322  
 Columbia, MD 21045

**Description:** This task order is to provide programming, analysis, and data presentation services to support HCFA's work related to analysis of issues on the future of Medicare. This work included responding to requests of the National Bipartisan Commission on the Future of Medicare, as well as continuing analyses relevant to the Future of Medicare. In conducting this work, there is a need to access, prepare, and analyze Medicare Current Beneficiary Data and other HCFA data. This activity also involves documenting the findings as well as the preparation of presentation materials.

**Status:** The project has been completed. ■

## Project Planning Templates and Development of XML Data Files

<b>Project No:</b>	CMS-03-00330
<b>Project Officer:</b>	James Beyer
<b>Period:</b>	September 2003 to September 2005
<b>Funding:</b>	\$40,000
<b>Principal Investigator:</b>	Ed Ziv
<b>Award:</b>	Simplified Acquisition
<b>Awardee:</b>	Ventera Corp 1600 International Drive, Suite 100 McLean, VA 03756

**Description:** The Office of Research, Development, and Information (ORDI) at CMS is a diverse group that includes an assembly of researchers, analysts, and other administrative personnel whose main purpose is to compose and disseminate health-related data in layman's terms to the general public. Every year, ORDI compiles at least five major publications, e.g., the Health Care Financing Review, Statistical Supplement, and the CMS Data Compendium. These publications contain articles, statistics, graphs, and tables that describe a wide variety of health-related data. These publications are in the process of migrating to an .xml format for web posting and eventually for production and publication. Managing this migration while maintaining timely publication is a serious challenge in any case, and particularly so at static staffing levels.

One item of particular importance in this migration process involves a review of current and upcoming publication formats to identify new ways of presenting and disseminating the data themselves and their implications for the health services research community. This goal involves analyzing the post-production archives of the Statistical Supplement and related publications to identify opportunities for document conversion hubs, interactive data tools, Internet-based availability of both raw data and analyzed files, and graphic representation of technical data for non-technical audiences.

Another item of great importance is reviewing the production process itself, to identify ways to improve data collection and presentation. Current processes for gathering data from legacy systems and into more up-to-date programs may not be keeping up with current opportunities in information technology. Identifying opportunities for greater efficiency and accuracy, including areas where human review is needed for quality assurance, is essential for keeping these publication schedules on-target as legacy-based programmers retire and are not replaced.

**Status:** The project is completed. The awardee has delivered project planning templates for each of ORDI's publications. They also delivered an automated tool that will use Statistical Supplement publication tables as input and convert them to Excel, XML, and PDF format. ■

## Project to Assist the Patient Advocate Foundation (PAF) in Serving Patients Experiencing Difficulty Accessing Quality Health Care Services, A

<b>Project No:</b>	18-P-92386/03-02
<b>Project Officer:</b>	Lyn Killman
<b>Period:</b>	July 2004 to June 2006
<b>Funding:</b>	\$269,253
<b>Principal Investigator:</b>	Alan Richardson
<b>Award:</b>	Grant
<b>Awardee:</b>	Patient Advocate Foundation 700 Thimble Shoals Blvd., Suite 200 Newport News, VA 23606

**Description:** This grant continues work started under prior year Congressional funding. The objective of this project is to provide essential services to patients throughout the U.S. through professional case managers who resolve coverage and benefit issues, job discrimination issues, and debt crises matters. Services include assistance regarding preauthorization, coding and billing, insurance appeal process, access to medical procedures, therapeutics and medical devices, expedited application for Social Security disability insurance and federal health programs. Patients eligible for but not yet enrolled in Medicare, Medicaid or the State Children's Health Insurance Program (S-CHIP) will be assisted to enroll.

**Status:** This grant was awarded in Fiscal Years 2004 and 2005 and ends June 30, 2006. An annual progress report for 18-P-92386/3-01 was submitted on September 12, 2005 and the annual progress report for Fiscal Year 2005 is anticipated by September 30, 2006. ■

## Promoting Health in the African-American Community (PHAAC): Implementing Relaxation Techniques to Reduce Cardiovascular Risk Factors

**Project No:** 20-P-91884/04-02  
**Project Officer:** Richard Bragg  
**Period:** September 2003 to July 2006  
**Funding:** \$249,341  
**Principal Investigator:** Sharon Criner  
**Award:** Grant  
**Awardee:** North Carolina Agricultural & Technical State University  
 1601 E. Market Street  
 Greensboro, NC 27411

**Description:** The purpose of this collaborative study is to document how the health of African-Americans can improve by using relaxation techniques to reduce stress, which in turn may reduce coronary heart disease (CHD) risk, to determine the effectiveness of the parish nurse education component. Three important objectives are to: (1) develop a training program for parish nurses that will enable them to provide an educational intervention program using relaxation, and stress management techniques to reduce cardiovascular disease risk for African-American church members in Guilford County; (2) implement a 12-week relaxation and stress management program for members of three churches located in the low-income urban communities of Guilford County; and (3) identify the health characteristics of African-American church members who are more likely to participate in a church-based relaxation and stress management program.

**Status:** This project is under the HBCU Health Services Research Grant Program. It currently is under a no cost extension. ■

## Promoting State Interest in Identifying PACE Markets

**Project No:** 500-03-0048  
**Project Officer:** Fred Thomas  
**Period:** September 2003 to June 2005  
**Funding:** \$199,970  
**Principal Investigator:** Peter Fitzgerald  
**Award:** Contract  
**Awardee:** National Pace Association  
 801 North Fairfax  
 Alexandria, VA 22314

**Description:** Since the Balanced Budget Act of 1997 made the Program of All-inclusive Care for the Elderly (PACE) a permanent Medicare Program, there has been little program expansion, and the number of PACE sites is still at the 1999 levels. Since PACE is a joint Medicaid program, expansion requires support by State Medicaid programs. With State budgets strained, the basic work to assess the feasibility of implementing PACE programs has been overlooked by some States. This contract will fund up to four state-specific studies to determine PACE feasibility, as well as potential impediments to PACE expansion. The goal is to promote new state interest and identify potential providers interested in PACE program development.

**Status:** A final report was received and is available on the Web site at <http://www.cms.hhs.gov/reports/downloads/Fitzgerald.pdf>. ■

## Psychiatric Inpatient Routine Cost Analysis

**Project No:** 500-95-0058/13  
**Project Officer:** Fred Thomas  
**Period:** September 2000 to December 2004  
**Funding:** \$2,432,014  
**Principal Investigator:** Jerry Cromwell  
**Award:** Task Order  
**Awardee:** Research Triangle Institute, (MA)  
 411 Waverley Oaks Road, Suite 330  
 Waltham, MA 02452-8414

**Description:** The BBRA (1999) requires the Secretary to report on a per diem-based PPS with an adequate patient classification system for psychiatric hospitals and distinct part units by October 1, 2001. Previous research on inpatient psychiatric cost variation focused on explaining per case cost differences, primarily using DRGs. However, little, if any, research has been done on psychiatric per diem cost variation. Three inpatient cost components are recorded in the Medicare cost report: ancillary, overhead, and general routine care (Adults and Pediatrics). The largest of these components, general routine care, represents about two-thirds of the total cost of delivering inpatient services in exempted psychiatric facilities. Unfortunately, the cost report does not detail the services that are provided in this cost category. In order to understand the dynamics of psychiatric per diem cost variation, and in particular, the variation in per diem routine costs, basic data collection and analytical work will be conducted under this project. These data will be used to construct a typology of routine inpatient psychiatric services. The variations in these services will then be analyzed at the patient level to answer the following questions:

- Do routine services vary across facility types?
- Do routine services differ between homogeneous patient categories holding facility group constant?
- How do different staffing models influence routine cost variation?
- How do patient types influence resource usage?
- How does resource intensity vary within a patient stay?
- What patient level factors affect resource usage?

Facility- and patient-level data will be gathered at over 40 sites by the end of the contract period. Data is collected for a one-week period during each of three shifts (24/7).

**Status:** A final report was received and is available on the Web site at: [http://www.cms.hhs.gov/Reports/downloads/cromwell\\_2005\\_3.pdf](http://www.cms.hhs.gov/Reports/downloads/cromwell_2005_3.pdf) ■

#### Public Reporting and Provider and Health Plan Quality of Care

**Project No:** 500-00-0024/14  
**Project Officer:** David Miranda  
**Period:** September 2003 to June 2007  
**Funding:** \$1,321,120  
**Principal Investigator:** Shulamit Bernard  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The Balanced Budget Act of 1997 mandated that CMS provide beneficiaries with information to make better health plan choices, including information about the quality of care provided by health plans (see [www.medicare.gov/mphCompare/home.asp](http://www.medicare.gov/mphCompare/home.asp) and Volume 23, Number 1 [[www.cms.hhs.gov/review/01fall/default.asp](http://www.cms.hhs.gov/review/01fall/default.asp)] and Volume 22, Number 3 [[www.cms.hhs.gov/review/01spring/default.asp](http://www.cms.hhs.gov/review/01spring/default.asp)] of the Health Care Financing Review). Since that time, CMS has expanded these efforts in at least three areas. We have begun to look at the particular needs of vulnerable populations for information about quality of care and help them make choices. We have also expanded the scope of quality of care information to include information about providers such as dialysis facilities, nursing homes, home health agencies, and hospitals (see [www.medicare.gov/](http://www.medicare.gov/)

[NHCompare/home.asp](http://NHCompare/home.asp), [www.cms.hhs.gov/researchers/projects/APR/09-theme7.pdf](http://www.cms.hhs.gov/researchers/projects/APR/09-theme7.pdf), Volume 23, number 4, of the Health Care Financing Review [[www.cms.hhs.gov/review/02summer/default.asp](http://www.cms.hhs.gov/review/02summer/default.asp)], and, for hospital information, [www.dfdc.org/html/hiw/](http://www.dfdc.org/html/hiw/)). Finally, we have also expanded in the area of supporting infrastructure for informed choice (see [www.cms.hhs.gov/researchers/projects.asp](http://www.cms.hhs.gov/researchers/projects.asp)). That is, CMS has launched the 1-800-Medicare call center and the Medicare Personal Plan Finder (see [www.medicare.gov/MPPF/home.asp](http://www.medicare.gov/MPPF/home.asp)) in addition to supporting the role of State Health Insurance Assistance Programs in counseling beneficiaries about health plan choices. Similarly, the Quality Improvement Organizations have begun addressing the roles that discharge planners, physicians, nurses, social workers, and others play in supporting the decisions that patients and their caregivers make about providers. Physicians are a particularly interesting group in that they are not only information.

**Status:** Qualitative research on the potential role of Geriatric Care Managers as information intermediaries around nursing home and home health quality is complete. Qualitative research on the role of physicians as intermediaries for patients around hospital quality data is complete. A survey of physicians on the impact of CMS's Hospital Compare website is in the field. ■

#### Quality Monitoring for the Medicare Participating Centers of Excellence Demonstration

**Project No:** 500-00-0032/01  
**Project Officer:** Jody Blatt  
**Period:** September 2001 to June 2006  
**Funding:** \$757,759  
**Principal Investigator:** Oren Grad  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** The purpose of the quality monitoring project is to develop a quality monitoring process that meets the general goals of various global payment demonstrations. Included in this is the Medicare Partnerships for Quality Cardiovascular Services and Medicare Partnerships for Quality Total Joint Replacement Services. Formerly, the "Quality Partnerships" for short were referred to as the "Medicare Participating Centers of Excellence Demonstration." The process incorporates the identification and technical definition of appropriate performance measures, collection of data in a centralized database, the development and distribution of reports to provide

meaningful information back to demonstration participants and CMS, and coordination of the quality consortia meetings and conferences. The Quality Partnerships Demonstration involves bundled Part A and Part B payments to premier cardiovascular and orthopedic facilities for selected procedures. The selected cardiovascular and orthopedic procedures include coronary artery bypass surgery, cardiac valve procedures, angioplasty, and knee and hip replacements. We expect that the use of global payments will align the incentives for efficiency between hospitals and physicians, thereby enhancing not only the efficiency, but the clinical quality of services. All of the selected demonstration sites are invited to participate in a specialty specific "quality consortia" that develops quality criteria and quantitative measures for monitoring performance during the demonstration.

**Status:** Implementation activities for the Medicare Quality Partnerships Demonstration

(originally referred to as the "Medicare Participating Centers of Excellence Demonstration") was suspended in late 2002. No sites were operational as of that date. No further implementation activity on this demonstration is currently planned. However, the contractor did complete the required literature reviews on the status of quality measures for cardiovascular surgery, total hip and knee replacements, and general inpatient services. Further work under this contract may be used to support other global payment demonstration quality initiatives. ■

#### Questionnaire Design and Testing, Data Collection and Analysis, A Related Survey of QIO's

**Project No:** 500-01-0020/05  
**Project Officer:** Mei Wang  
**Period:** September 2004 to March 2006  
**Funding:** \$307,694  
**Principal Investigator:** Vasudha Narayanan  
**Award:** Task Order (ADDSTO)  
**Awardee:** Westat Corporation  
 1650 Research Boulevard  
 Rockville, MD 20850

**Description:** Title XI of the Social Security Act established the Utilization and Quality Control Peer Review Organization Program (Legislation of 1982). CMS develops and monitors 3-year contracts for the quality improvement organizations (QIOs), formerly known as peer review organizations. The remainder of the performance evaluation will be largely determined by

improvement on quality indicators from a baseline level to a re-measurement level.

**Status:** The project is completed and a final report has been received. ■

#### Racial Disparities in Health Services Among Medicaid Pregnant Women, Multi-State Analysis

**Project No:** 500-96-0018/02  
**Project Officer:** Beth Benedict  
**Period:** September 2000 to September 2005  
**Funding:** \$430,779  
**Principal Investigator:** Norma Gavin  
**Award:** Task Order  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** The study examines pregnancy and delivery-related health care service use among Medicaid pregnant women in four racially diverse States during the mid 1990s to determine how successful the States' efforts were in eliminating racial barriers to care within Medicaid. The first paper investigates racial differences in demographic, Medicaid enrollment, and medical risk factors associated with disparities in health service use, and whether race/ethnicity had an independent effect on use after controlling for these factors. Another aspect of the study was to examine differences across race/ethnicity in geographic dimensions of provider supply, and the effects of these differences on prenatal care utilization. Also included was an investigation of racial disparities in two maternal outcomes – cesarean section delivery and hospital readmissions in the first three months following delivery. Most race/ethnicity research reports black and white disparities among pregnant women. Few studies provide information on both pre-natal and post-natal care, comorbidities, and complications and also show results for Hispanic and Asian American women. This study looked at all of these areas. The study populations were women who had a live birth in 1995 in Florida, Georgia, and New Jersey; and in 1997 in Texas.

**Status:** The contract is closed. Manuscripts have been published and others are submitted to peer review journals for publication. ■

**Rationalize Graduate Medical Education Funding**

**Project No:** 18-C-91117/08  
**Project Officer:** Siddhartha Mazumdar  
**Period:** February 2000 to June 2007  
**Funding:** \$839,875  
**Principal Investigator:** Gar Elison  
**Award:** Cooperative Agreement  
**Awardee:** Medical Education Council  
230 South 500 East, Suite 550  
Salt Lake City, UT 84102-2062

**Description:** Since 1997, CMS has been working with the State of Utah on a project that pays Medicare direct graduate medical education funds ordinarily received by the State's hospitals to the State of Utah Medical Education Council. These GME funds are then distributed to training sites and programs according to the Council's research on workforce needs.

**Status:** The Utah Medical Education Council is currently participating in the demonstration with CMS. ■

**Real Choice Systems Change - Alabama**

**Project No:** 18-P-91592/04  
**Project Officer:** Gregg Ukaegbu  
**Period:** September 2001 to September 2004  
**Funding:** \$2,000,000  
**Principal Investigator:** Marilyn Ferguson  
**Award:** Grant  
**Awardee:** Alabama, Medicaid Agency  
1665 University Blvd., P.O Box 5624  
Birmingham, AL 35294-0022

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use and the manner by which services are provided;
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, these systems change grants represent a major initiative to promote the design and delivery of home and community-based services that support people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This grant is in its third year of funding. ■

**Real Choice Systems Change - Arkansas**

**Project No:** 18-P-91598/06  
**Project Officer:** Cathy Cope  
**Period:** September 2001 to September 2004  
**Funding:** \$1,385,000  
**Principal Investigator:** Debbie Hopkins  
**Award:** Grant  
**Awardee:** Arkansas, Department of Health and Human Services  
Division of Medical Services  
UR PO Box 1437  
Little Rock, AR 72203-1437

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use and the manner by which services are provided;

- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, these systemic change grants represent a major initiative to promote the design and delivery of home and community-based services that allow people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our website at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the website at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This project is in its fourth year of funding. It is operating under a no-cost extension and is progressing with all activities. ■

#### Real Choice Systems Change - Delaware

**Project No:** 18-P-91557/03  
**Project Officer:** Cathy Cope  
**Period:** September 2001 to September 2004  
**Funding:** \$1,200,000  
**Principal Investigator:** Joseph B. Keyes  
**Award:** Grant  
**Awardee:** Delaware Health and Social Services (New Castle)  
 1901 North DuPont Highway  
 New Castle, DE 19720

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;

- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use and the manner by which services are provided;

- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, these systemic change grants represent a major initiative to promote the design and delivery of home and community-based services that support people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This project is in its fourth year of funding. It is operating under a no-cost extension and is progressing with all activities. ■

#### Real Choice Systems Change - Florida

**Project No:** 18-P-91636/04  
**Project Officer:** Gregg Ukaegbu  
**Period:** September 2001 to September 2004  
**Funding:** \$2,000,000  
**Principal Investigator:** Lloyd Tribley  
**Award:** Grant  
**Awardee:** Florida, Department of Management Services  
 4040 Esplanade Way, Suite 152  
 Tallahassee, FL 32399

**Description:** The Real Choice or Freedom Initiative grants are designed to remove barriers to equality for the 54 million Americans living with disabilities. This particular project will help the State of Florida to design and implement effective and enduring improvements in community long-term support systems to enable children

and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, the projects will allow states to make meaningful changes in the lives of persons with disabilities. They will help the individual state enable people with disabilities to reside in their own homes and participate fully in community life. This will happen by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**Status:** This grant is in its third year of funding. ■

#### Real Choice Systems Change - Guam

**Project No:** 18-P-91629/00  
**Project Officer:** Ronald Hendlar  
**Period:** September 2001 to September 2004  
**Funding:** \$673,106  
**Principal Investigator:** Cynthia Naval  
**Award:** Grant  
**Awardee:** Guam, Department of Public Health and Social Services  
PO Box 2816  
Hagatna, GU 96932

**Description:** The Real Choice or Freedom Initiative Grants are designed to remove barriers to equality for the 54 million Americans living with disabilities. This particular project will help the Trust Territory of Guam to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, the projects will allow states to make meaningful changes in the lives of persons with disabilities. They will help the individual state enable people with disabilities to reside in their own homes and participate fully in community life. This will happen by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**Status:** The project is in the 4th year with an approved no-cost extension.

The project is now moving forward after a long period of stagnation due to the illness of the former project director.

The planned summit meeting is now on schedule and the data collection system is in progress. The spend down is behind due to problems with the Guam Finance Dept. Have been working with them to make progress. ■

#### Real Choice Systems Change - Hawaii

<b>Project No:</b>	18-P-91620/09
<b>Project Officer:</b>	Patricia Helphenstine
<b>Period:</b>	September 2001 to September 2004
<b>Funding:</b>	\$1,350,000
<b>Principal Investigator:</b>	Susan Chandler
<b>Award:</b>	Grant
<b>Awardee:</b>	Hawaii, Department of Human Services Queen Liliuokalani Bldg, 1390 Miller St Honolulu, HI 96813

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use and the manner by which services are provided;
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, these systems change grants represent a major initiative to promote the design and delivery of home

and community-based services that support people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This grant is currently operating on a 1-month no-cost extension to run through September 27, 2005. ■

#### Real Choice Systems Change - Idaho

**Project No:** 18-P-91537/00  
**Project Officer:** Gregg Ukaegbu  
**Period:** September 2001 to September 2004  
**Funding:** \$1,102,148  
**Principal Investigator:** Beth Stamm  
**Award:** Grant  
**Awardee:** Idaho, Department of Health and Welfare, (State St)  
450 W. State St, 5th Floor  
Boise, ID 83720-0036

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use and the manner by which services are provided;
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term

illnesses to live and participate in their communities. As a group, these systems change grants represent a major initiative to promote the design and delivery of home and community-based services that support people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This grant is in its third year of funding. ■

#### Real Choice Systems Change - Kentucky

**Project No:** 18-P-91602/04  
**Project Officer:** Bert Williams  
**Period:** September 2001 to September 2004  
**Funding:** \$2,000,000  
**Principal Investigator:** Timothy Hawley  
**Award:** Grant  
**Awardee:** Kentucky, Cabinet for Health Services  
100 Fair Oaks Lane 4E-B  
Frankfort, KY 40621

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use, and the manner by which services are provided;
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in

community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, these systems change grants represent a major initiative to promote the design and delivery of home and community-based services that allow people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our website at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the website at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This grant is in a no-cost extension and is making progress toward completing the work. ■

#### Real Choice Systems Change - Maine

**Project No:** 18-P-91540/01  
**Project Officer:** Cathy Cope  
**Period:** September 2001 to September 2004  
**Funding:** \$2,300,000  
**Principal Investigator:** Christine Zukas-Lessard  
**Award:** Grant  
**Awardee:** Maine, Department of Human Services  
11 State House Station  
Augusta, ME 04333

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use and the manner by which services are provided;
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, these systems change grants represent a major initiative to promote the design and delivery of home and community-based services that support people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This project is in its fourth year of funding. It is operating under a no-cost extension and is progressing with all activities. ■

#### Real Choice Systems Change - Maryland

**Project No:** 18-P-91593/03  
**Project Officer:** Cathy Cope  
**Period:** September 2001 to September 2004  
**Funding:** \$1,385,000  
**Principal Investigator:** Mark Leeds  
**Award:** Grant  
**Awardee:** Maryland  
201 West Preston St  
Baltimore, MD 21201

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use and the manner by which services are provided;

- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, these systems change grants represent a major initiative to promote the design and delivery of home and community-based services that support people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This project is in its fourth year of funding. It is operating under a no-cost extension and is progressing with all activities. ■

#### Real Choice Systems Change - Michigan

**Project No:** 18-P-91663/05  
**Project Officer:** David Reed  
**Period:** September 2001 to September 2004  
**Funding:** \$2,000,000  
**Principal Investigator:** Brenda Fink  
**Award:** Grant  
**Awardee:** Michigan, Department of Community Health  
320 South Walnut, PO Box 30479  
Lansing, MI 48909

**Description:** The Real Choice or Freedom Initiative Grants are designed to remove barriers to equality for the 54 million Americans living with disabilities. This particular project will help the State of Michigan to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, the projects will allow States to make meaningful changes in the lives of

persons with disabilities. They will help the individual State enable people with disabilities to reside in their own homes and participate fully in community life. This will happen by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements and exercise more control over the providers of the services they receive.

**Status:** The project is underway. ■

#### Real Choice Systems Change - New Hampshire

**Project No:** 18-P-91516/01  
**Project Officer:** Ronald Handler  
**Period:** September 2001 to September 2004  
**Funding:** \$2,300,000  
**Principal Investigator:** Susan Fox  
**Award:** Grant  
**Awardee:** New Hampshire, Department of Health and Human Services, (Pleasant St)  
105 Pleasant St  
Concord, NH 03301

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use and the manner by which services are provided;
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As

a group, these systems change grants represent a major initiative to promote the design and delivery of home and community-based services that support people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This grant is in the fourth year with an approved no-cost extension. The fourth year budget is \$519,084. The grantee needs to complete work on implementing the monitoring system and advisory council sustainability, continue the Littleton Model Community program, and implement the research plan. ■

#### Real Choice Systems Change - North Carolina

**Project No:** 18-P-91661/04  
**Project Officer:** Ronald Hendler  
**Period:** September 2001 to September 2004  
**Funding:** \$1,600,000  
**Principal Investigator:** Jan Moxley  
**Award:** Grant  
**Awardee:** North Carolina Department of Health & Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-2515

**Description:** The Real Choice or Freedom Initiative grants are designed to remove barriers to equality for the 54 million Americans living with disabilities. This particular project will help the State of North Carolina to design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, the projects will allow states to make meaningful changes in the lives of persons with disabilities. They will help the individual State enable people with disabilities to reside in their own homes and participate fully in community life. This will happen by designing and implementing improvements in community long-term support systems in partnership with the disability and aging communities. These systemic changes will allow children and adults

with disabilities or long-term illnesses to live in the most integrated setting suited to their needs, exercise meaningful choices about their living arrangements, and exercise more control over the providers of the services they receive.

**Status:** This grant is in the fourth year with an approved no-cost extension. The fourth year budget is \$443,670. The grantee needs to complete work on implementing the Independence Plus Medicaid Waiver, new service worker job categories, Complete public education, and recruitment activities. ■

#### Real Choice Systems Change - South Carolina

**Project No:** 18-P-91555/04  
**Project Officer:** Cathy Cope  
**Period:** September 2001 to September 2004  
**Funding:** \$2,300,000  
**Principal Investigator:** Sue Scally  
**Award:** Grant  
**Awardee:** South Carolina, Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202-8206

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use and the manner by which services are provided;
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term illnesses to live and participate in their communities. As a group, these systems change grants represent a major initiative to promote the design and delivery of home and community-based services that support people with

a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This project is in its fourth year of funding. It is operating under a no-cost extension and is progressing with all activities. ■

#### Real Choice Systems Change - Vermont

**Project No:** 18-P-91565/01  
**Project Officer:** Cathy Cope  
**Period:** September 2001 to September 2004  
**Funding:** \$2,000,000  
**Principal Investigator:** Bard Hill  
**Award:** Grant  
**Awardee:** Vermont, Agency of Human Services  
103 S. Main St  
Waterbury, VT 05671-1601

**Description:** The Real Choice Systems Change Grants for Community Living are designed to remove barriers to equality for the 54 million Americans living with disabilities. These grants are intended to foster the systemic changes to enable children and adults of any age who have a disability or long-term illness to:

- Live in the most integrated community setting appropriate to their individual support requirements and their preferences;
- Exercise meaningful choices about their living environments, the providers of services they receive, the types of supports they use and the manner by which services are provided;
- Obtain quality services in a manner as consistent as possible with their community living preferences and priorities.

Each particular project will help the state design and implement effective and enduring improvements in community long-term support systems to enable children and adults of any age who have disabilities or long-term

illnesses to live and participate in their communities. As a group, these systems change grants represent a major initiative to promote the design and delivery of home and community-based services that support people with a disability or long-term illness to live and participate in their communities. These grants are a part of the President's New Freedom Initiative.

For additional information concerning the Real Choice Systems Change Grants for Community Living, please visit our Web site at [www.cms.hhs.gov](http://www.cms.hhs.gov). For additional information regarding the New Freedom Initiative, please visit the Web site at <http://www.whitehouse.gov/infocus/newfreedom>.

**Status:** This project is in its fourth year of funding. It is operating under a no-cost extension and is progressing with all activities. ■

#### Refinement of Risk Adjustment for Special Populations

**Project No:** 500-99-0038  
**Project Officer:** Ronald Lambert  
**Period:** August 2002 to December 2004  
**Funding:** \$399,740  
**Principal Investigator:** Gregory Pope  
**Award:** Contract  
**Awardee:** Research Triangle Institute, (MA)  
411 Waverley Oaks Road, Suite 330  
Waltham, MA 02452-8414

**Description:** The purpose of this project was to refine and further develop a risk-adjusted payment approach for frail populations. This project reviewed and evaluated potential risk adjusters and developed a frailty adjuster for certain managed care plans that serve the frail elderly. The payment approach that was developed involved the application of a frailty adjuster in conjunction with the inpatient and ambulatory model that was implemented in 2004.

**Status:** CMS implemented the frailty adjuster for Program of All-inclusive Care for the Elderly (PACE) and the Social HMO (S/HMO), Wisconsin Partnership Program (WPP), and Minnesota Senior Health Options/Minnesota Disability Health Options (MSHO/MnDHO) demonstrations as of January 2004. No changes were made to the frailty factors for the 2005 or 2006 payments. This project has been completed. ■

## Refinements to Medicare Diagnostic Cost Group (DCG) Risk-Adjustment Models

**Project No:** 500-00-0030/04  
**Project Officer:** Jesse Levy  
**Period:** September 2002 to September 2007  
**Funding:** \$1,028,631  
**Principal Investigator:** Gregory Pope  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (MA)  
411 Waverley Oaks Road, Suite 330  
Waltham, MA 02452-8414

**Description:** A set of models to provide risk adjuster measures for the purpose of determining payments to capitated managed care organizations was developed under contract with CMS (#500-92-0020 Task Order 6) and were then further improved (#500-95-0048 Task Order 3). This task order will test the model for use in special populations to develop satisfactory payment for plans that enroll beneficiaries selectively based on their medical, functional, or institutional condition. The DCG-based models are designed to use demographic and diagnostic information to project expenditures and to provide factors that could be used to multiply the ratebook amounts instead of the demographic factors currently used.

Further work is to be done on a concurrent model and on an institutional model using a larger sample. The ICD-9 tables will be updated to reflect coding changes to keep the model responsive to new codes.

**Status:** The early work has been completed and the latter projects are in process. Data from 2002 and 2003 have been used to develop a new, more refined version of all the components of the HCC model with more disease classes. A much larger sample of institutionalized were included for that segment of the model and an update of the ESRD HCC model has been produced. Work continues to improve prediction for segments of the population with special needs. ■

## Relative Efficacy of Oral Cancer Therapy for Medicare Beneficiaries Versus Currently Covered Therapy, The

**Project No:** CMS-IA-05-28A-3  
**Project Officer:** Penny Mohr  
**Period:** September 2004 to November 2005  
**Funding:** \$191,254  
**Principal Investigator:** Doug McCrory, M.D.  
**Award:** Intra-agency Agreement  
**Awardee:** Duke Center for Clinical Health Policy Research  
2200 West Main Street, Suite 220  
Durham, NC 27705

**Description:** The purpose of this task order was to assess the efficacy of selected oral cancer therapies included in the Medicare Replacement Drug Demonstration mandated under Section 641 of the Medicare Prescription Drug Improvement and Modernization Act – relative to drugs currently covered under Medicare Part B. This assessment provided information that was used to evaluate the likely effects of the demonstration on patient outcomes. The scope of the assessment was limited to the following drugs and conditions:

- imatinib compared with interferon alpha or best supportive care for the treatment of chronic myeloid leukemia (CML);
- imatinib versus single-agent doxorubicin or ifosfamide or these agents combined with conventional chemotherapy for the treatment of gastrointestinal stromal tumor;
- monotherapy with gefitinib or erlotinib for treating locally advanced or metastatic non-small cell lung cancer compared to docetaxel or best supportive care; and
- thalidomide versus combination chemotherapy programs such as VBCMP (vincristine, carmustine, cyclophosphamide, melphalan, and prednisone) and VAD (vincristine, doxorubicin, and dexamethasone) for the treatment of multiple myeloma.

The impact of these drugs on survival, disease progression, rates of adverse events, and quality of life were examined.

**Status:** The completed reports have been posted to AHRQ's website and can be found at:

<http://www.ahrq.gov/clinic/ta/thalidomide/index.html>  
<http://www.ahrq.gov/clinic/ta/nonsmall/index.html>  
<http://www.ahrq.gov/clinic/ta/cml/index.html>  
<http://www.ahrq.gov/clinic/ta/gist/index.html>

Results from these systematic reviews underscore that many of the demonstration drugs offered the potential for significant improvements in survival, disease remission, or reduced drug-related side effects over substitute therapies currently covered under Medicare Part B. ■

### Research and Demonstrations Projects

#### Searchable Database: Stage Two, Improvement, Enhancements, and Implementation

**Project No:** 500-00-0059/03  
**Project Officer:** James Beyer  
**Period:** September 2001 to September 2004  
**Funding:** \$128,816  
**Principal Investigator:** Kenitra Smith  
**Award:** Task Order (ADP Support)  
**Awardee:** IQ Solutions, Inc.  
 11300 Rockville Pike, Suite 801  
 Rockville, MD 20852

**Description:** This task order continues the work of earlier efforts toward modernizing the results of CMS research efforts. A previous task helped to automate and simplify the publication of a directory of all active research projects at CMS; this task turns that information into a searchable, web-friendly database.

These efforts involve a careful beta test of the revised database, revision as dictated by this test, retesting, and secondary revision, preparation for access through public webpages, and the addition of documents and references as appropriate.

**Status:** The first version of the revised database structure was completed in mid-November 2002 and a second, more functional version delivered in late December for testing. The second version was developed based on comments from use of the initial/first version and was displayed to a larger group of CMS staff in late December. This second version was placed in an internal environment for staff testing. Due to functional issues and other technical difficulties with the initial deliverable, the software had to be returned to the contractor to recode the whole application. The whole process was redone

and delivered in August of 2004. The Web Search Tool has been implemented on CMS's intranet and internet site. The project is now completed. ■

### Research Data Assistance Center (ResDAC) - II

**Project No:** 500-01-0043  
**Project Officer:** Spike Duzor  
**Period:** September 2001 to September 2007  
**Funding:** \$6,167,259  
**Principal Investigator:** Marshall McBean  
**Award:** Contract  
**Awardee:** University of Minnesota, School of Public Health, Division of Health Services Research and Policy, Mail Code Number 99  
 420 Delaware Street SE, D 355  
 Mayo Building  
 Minneapolis, MN 55455

**Description:** This project assists researchers who are not familiar with the data available at CMS. It describes the data and helps them with the process of gaining an approved Data Use Agreement. It also conducts training classes for these new-to-CMS researchers. This project will provide: technical on-site analytic support and training in accessing administrative and claims databases, linking databases, and creating analytic databases; training modules for data access and use by external organizations/researchers; and consultative and data support functions for governmental and non-governmental research.

**Status:** This is a follow-on award from a competitive procurement, to the incumbent contractor. It will be incrementally funded over its life. Thus, this award continues the work of the first ResDAC contract, 500-96-0023. ■

### Research Data Distribution Center

**Project No:** 500-01-0031/01  
**Project Officer:** Robyn Thomas  
**Period:** June 2005 to December 2007  
**Funding:** \$1,625,945  
**Principal Investigator:** Thomas MaCurdy  
**Award:** Task Order (ADDSTO)  
**Awardee:** Acumen, LLC  
 1415 Rollins Rd  
 Burlingame, CA 94010

**Description:** This task order will serve as a pilot test of the concept of a CMS data distribution center. This Contractor will function as the single point of contact for public and private researchers seeking access to CMS program enrollment data, Medicare claims data, and Medicaid research files. Using the information gained from the pilot, CMS anticipates a future competitive contract to operate one or more data distribution centers on an ongoing basis.

**Status:** The project is underway. ■

### Research on System Change for Community Living

**Project No:** 500-00-0044/02  
**Project Officer:** Marybeth Ribar  
**Period:** September 2001 to September 2007  
**Funding:** \$3,979,996  
**Principal Investigator:** Janet O'Keefe  
**Award:** Task Order (RADSTO)  
**Awardee:** Research Triangle Institute, (DC)  
1615 M Street, NW, Suite 740  
Washington, DC 20036-3209

**Description:** The Center for Medicare and Medicaid Services (CMS) has awarded a number of Systems Change Grants for Community Living. The goal of this related project is to conduct both formative and summative evaluation activities. The project will capture relevant data about:

- The target populations selected by the grantees for systemic change activities;
- The specific long-term care needs of the populations to be addressed in systems change activities;
- The similarities and differences between methods selected by grantees to address the needs identified in their State;
- The challenges and barriers faced by grantees in addressing the long-term care needs of their selected populations;
- The changes made in the provision of long-term care in the grantee States as a result of the activities of the grantees;
- The factors influencing environments to create successful systems change.

The project will also establish the initial framework and foundation for future summative evaluation activities, including:

- Outcome evaluations to measure whether the Systems Change Grants have caused demonstrable effects;
- Impact evaluation – to assess the net effects both intended and unintended of the Systems Change Grants;
- Value evaluation – to examine the cost effectiveness of systems changes, the individual value to the consumer in the promotion of dignity, independence, individual responsibility and choice, and self-direction, as well as the value to the community.

Specifically, the project will:

- (1) Collect, analyze and evaluate data from the systems change activities of Systems Change Grantees regarding:
  - (a) the extent of effectiveness and impact of consumer involvement in programmatic design, implementation and evaluation;
  - (b) the types of direct services provided using grant funds, including the amount, duration and scope of services provided;
  - (c) the types of changes made in State Medicaid Programs to achieve enduring systems change;
  - (d) the changes in delivery of long-term services and supports and payment systems under State Medicaid Programs and other funding streams;
- (2) Evaluate innovative systems and methods for delivery of community-based long-term care services and supports;
- (3) Perform research to assess the need for structural reforms of State Medicaid Programs, and other Federal programs supporting long-term care;
- (4) Develop tools for measuring changes in access, availability, quality, and value of community-based long-term care;
- (5) Develop improved information resources to assist cons

**Status:** This project has been extended for an additional year with a no-cost extension in order for contractor to complete final reports of grants. Most of the RCSC Grants have been extended for an additional year and this project includes the final analysis and reports for all the grants that began between 2001 and 2004. The first Final report for Grants that ended in 2004 and 2005 will be released this summer. ■

## Research, Analysis, Demonstration, and Survey Task Order Contract

**Project No:** 500-01-0029  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Donald Holzworth  
**Award:** Task Order Contract, Base  
**Awardee:** Analytical Science  
2605 Meridan Pkwy, Suite 200  
Durham, NC 27713

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There are no tasks awarded under this contract. ■

## Research, Analysis, Demonstration, and Survey Task Order Contract - Abt

**Project No:** 500-01-0021  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$1,000  
**Principal Investigator:** David Kidder  
**Award:** Task Order Contract, Base  
**Awardee:** Abt Associates, Inc.  
55 Wheeler Street  
Cambridge, MA 02138-1168

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and

conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There is one task awarded under this contract. Individual tasks are described separately. ■

## Research, Analysis, Demonstration, and Survey Task Order Contract - AIR

**Project No:** 500-01-0023  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Diane Pelavin  
**Award:** Task Order Contract, Base  
**Awardee:** American Institute for Research  
3333 K Street, NW  
Washington, DC 20007-3541

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There are no tasks awarded under this contract. ■

## Research, Analysis, Demonstration, and Survey Task Order Contract - Anasys

**Project No:** 500-01-0026  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Joshua Park  
**Award:** Task Order Contract, Base ANASYS  
**Awardee:** 10450 Shaker Drive, Suite 113 Columbia, MD 21046

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There are no tasks awarded under this contract. ■

data analysis plans. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. Currently there is one task order awarded. Individual tasks are described separately. ■

## Research, Analysis, Demonstration, and Survey Task Order Contract - Gallup

**Project No:** 500-01-0022  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Max Larsen  
**Award:** Task Order Contract, Base The Gallup Organization, Government Division  
**Awardee:** 901 F Street, NW Washington, DC 20004

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There are no tasks awarded under this contract. ■

## Research, Analysis, Demonstration, and Survey Task Order Contract - ARC

**Project No:** 500-01-0033  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$1,000  
**Principal Investigator:** C. William Wrightson  
**Award:** Task Order Contract, Base  
**Awardee:** Actuarial Research Corporation  
 6928 Little River Turnpike, Suite E  
 Annandale, VA 22003

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: performing work with respect to data acquisition, data manipulation, data analysis as well as the development of data collection and

**Research, Analysis, Demonstration, and Survey****Task Order Contract - Hope**

**Project No:** 500-01-0017  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Marc Berk  
**Award:** Task Order Contract, Base  
**Awardee:** Project Hope, Center for Health Affairs  
 7500 Old Georgetown Rd, Suite 600  
 Bethesda, MD 20814

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dually eligible beneficiaries), uninsured, and low-income families with small children. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. Currently, no task orders have been awarded under this contract. ■

**Research, Analysis, Demonstration, and Survey****Task Order Contract - Jing Xing**

**Project No:** 500-01-0028  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Steward Wong  
**Award:** Task Order Contract, Base  
**Awardee:** Jing Xing Technologies  
 PO Box 6655, 1312 Vincent Place  
 McLean, VA 22106-6655

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological

research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There are no tasks awarded under this contract. ■

**Research, Analysis, Demonstration, and Survey****Task Order Contract - Medicaid Research and Demonstrations (R&D) - Abt Associates**

**Project No:** 500-00-0049  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** David Kidder  
**Award:** Task Order Contract, Base  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicaid R&D specialty area contract, CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four (4) option years.

**Status:** There were three task orders awarded under this contract. Task orders are described individually. This contract expired September 29, 2005. ■

## Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - C.N.A. Corporation

**Project No:** 500-00-0053  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Robert Murray  
**Award:** Task Order Contract, Base  
**Awardee:** C.N.A. Corporation  
4825 Mark Center Drive  
Alexandria, VA 22311-1850

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicaid R&D specialty area contract, CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to Medicaid, Children's Health Insurance Programs, the financing and delivery of health services, or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for

1-year with a maximum of four option years.

**Status:** This is the base task order contract (Indefinite Delivery Indefinite Quantity contract) awarded in September 2000. There were two task orders awarded under this contract. Individual Task orders are awarded separately. This contract expired September 29, 2005. ■

CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to Medicaid, Children's Health Insurance Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract (Indefinite Delivery Indefinite Quantity contract) awarded in September 2000. There are three task orders awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

## Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - Mathematica

**Project No:** 500-00-0047  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$0  
**Principal Investigator:** Embry Howell  
**Award:** Task Order Contract, Base  
**Awardee:** Mathematica Policy Research, (DC)  
600 Maryland Avenue, SW, Suite 550  
Washington, DC 20024-2512

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicaid R&D specialty area contract, CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract (Indefinite Delivery Indefinite Quantity contract) awarded in September 2000. There are six task orders awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

## Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - Lewin Group

**Project No:** 500-00-0051  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Michael Fischman  
**Award:** Task Order Contract, Base  
**Awardee:** Lewin Group  
3130 Fairview Park Drive, Suite 800  
Falls Church, VA 22042

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicaid R&D specialty area contract,

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - Medstat Group (MD)

**Project No:** 500-00-0050  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Claude Bowen  
**Award:** Task Order Contract, Base  
**Awardee:** MEDSTAT Group (DC - Maryland Ave.)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (Task Order) contract. Under this contract, CMS may award task orders for a range of R&D activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for one year, but the contract includes four 1-year options to extend for a total potential of five years.

**Status:** This is the base task order contract (Indefinite Delivery Indefinite Quantity contract) awarded in September 2000. One task order has been awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - NORC

**Project No:** 500-01-0019  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2005  
**Funding:** \$25,000  
**Principal Investigator:** Steven Knable  
**Award:** Task Order Contract, Base  
**Awardee:** NORC  
 1155 East 60th St  
 Chicago, IL 60637

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract.

Under specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. Currently there are no tasks awarded under this contract. This contract expired on September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - RAND Corporation

**Project No:** 500-00-0048  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$25,000  
**Principal Investigator:** Richard Wright  
**Award:** Task Order Contract, Base  
**Awardee:** RAND Corporation  
 1700 Main Street, P.O. Box 2138  
 Santa Monica, CA 90407-2138

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicaid R&D specialty area contract, CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to Medicaid, Children's Health Insurance Programs, the financing and delivery of health services, or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for

1-year with a maximum of four option years.

**Status:** This is the base task order contract (Indefinite Delivery Indefinite Quantity contract) awarded in September 2000. There were no tasks awarded under this contract. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - University of Colorado

**Project No:** 500-00-0052  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$25,000  
**Principal Investigator:** Robert Schlenker  
**Award:** Task Order Contract, Base Center for Health Services  
**Awardee:** Research, University of Colorado 1355 South Colorado Boulevard, Suite 706 Denver, CO 80222

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicaid R&D specialty area contract, CMS may award task orders for projects that involve a range of research and demonstration activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [Indefinite Delivery Indefinite Quantity] awarded in September 2000. There were no tasks awarded under this contract. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - Urban Institute

**Project No:** 500-00-0045  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Erica Franklin  
**Award:** Task Order Contract, Base  
**Awardee:** Urban Institute 2100 M Street, NW Washington, DC 20037

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicaid R&D specialty area contract,

CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to Medicaid, Children's Health Insurance Programs, the financing and delivery of health services, or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for

1-year with a maximum of four option years.

**Status:** This is the base task order contract (Indefinite Delivery Indefinite Quantity contract) awarded in September 2000. There were two (2) task orders awarded under this contract. Individual Task orders are awarded separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations - RTI (MA)

**Project No:** 500-00-0046  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Janet Mitchell  
**Award:** Task Order Contract, Base  
**Awardee:** Research Triangle Institute, (MA) 411 Waverley Oaks Road, Suite 330 Waltham, MA 02452-8414

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicaid R&D specialty area contract, CMS may award task orders for projects that involve a range of research and demonstration activities. These projects will relate to the Medicare, Medicaid, Child Health programs, the financing and delivery of health services, or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There were two tasks awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations - RTI (NC)

**Project No:** 500-00-0044  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Don Enichen  
**Award:** Task Order Contract, Base  
**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis Road  
Research Triangle Park, NC 27709-2194

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity task order contract. Under this Medicaid R&D specialty area contract, CMS may award task orders for projects that involve a range of research and demonstration activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services, or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There were four tasks awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - ARC

**Project No:** 500-00-0036  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Gordon Trapnell  
**Award:** Task Order Contract, Base  
**Awardee:** Actuarial Research Corporation  
6928 Little River Turnpike, Suite E  
Annandale, VA 22003

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract.

Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract (Indefinite Delivery Indefinite Quantity contract) awarded in September 2000. There were three task orders awarded under this contract. Individual task orders are listed separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - Bearing Point

**Project No:** 500-00-0037  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Keith Cherry  
**Award:** Task Order Contract, Base  
**Awardee:** Bearing Point  
1676 International Drive  
McLean, VA 22102-4828

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [Indefinite Delivery Indefinite Quantity] awarded in September 2000. Ten Task Orders have been awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - MPR (Princeton)

**Project No:** 500-00-0033  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Randall S. Brown, Ph.D.  
**Award:** Task Order Contract, Base  
**Awardee:** Mathematica Policy Research, (Princeton)  
600 Alexander Park, PO Box 2393  
Princeton, NJ 08543-2393

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four (4) option years.

**Status:** There were a total of six (6) task orders awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

Medicare, Medicaid, Child Health Programs, the financing and delivery of health services, or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract awarded in September 2000. There were four tasks awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - RTI (NC)

**Project No:** 500-00-0024  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$0  
**Principal Investigator:** Dan Enichen  
**Award:** Task Order Contract, Base  
**Awardee:** Research Triangle Institute, (NC)  
PO Box 12194, 3040 Cornwallis Road  
Research Triangle Park, NC 27709-2194

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four (4) option years.

**Status:** There are currently a total of 20 task orders awarded. Individual tasks are described separately. Contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - RTI (MA)

**Project No:** 500-00-0030  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Janet Mitchell  
**Award:** Task Order Contract, Base  
**Awardee:** Research Triangle Institute, (MA)  
411 Waverley Oaks Road, Suite 330  
Waltham, MA 02452-8414

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to the

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - University of Colorado

**Project No:** 500-00-0026  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Robert Schlenker  
**Award:** Task Order Contract, Base  
**Awardee:** Center for Health Services  
 Research, University of Colorado  
 1355 South Colorado Boulevard,  
 Suite 706  
 Denver, CO 80222

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract (Indefinite Delivery Indefinite Quantity contract) awarded in September 2000. There were two task orders awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - University of Wisconsin

**Project No:** 500-00-0029  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$25,000  
**Principal Investigator:** Sarita Karon, Ph.D.  
**Award:** Task Order Contract, Base  
**Awardee:** University of Wisconsin - Madison  
 750 University Avenue  
 Madison, WI 53706

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range

of R&D activities. These projects will relate to the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract (Indefinite Delivery Indefinite Quantity contract) awarded in September 2000. There were no tasks awarded under this contract. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - Urban Institute

**Project No:** 500-00-0025  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$0  
**Principal Investigator:** Steven Zuckerman  
**Award:** Task Order Contract, Base  
**Awardee:** Urban Institute  
 2100 M Street, NW  
 Washington, DC 20037

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range of R&D activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** There were four tasks awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - Abt Associates

**Project No:** 500-00-0032  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** David Kidder  
**Award:** Task Order Contract, Base  
**Awardee:** Abt Associates, Inc.  
55 Wheeler Street  
Cambridge, MA 02138-1168

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range of research and demonstration activities. These projects will relate to the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There were a total of fourteen (14) tasks awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

order contract. Under this Medicare R&D specialty area contract, CMS

may award task orders for projects that involve a range of research and demonstration activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four

option years.

**Status:** This is the base task order contract awarded in September 2000. There were four task orders awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - C.N.A. Corporation

**Project No:** 500-00-0035  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Robert Murray  
**Award:** Task Order Contract, Base  
**Awardee:** C.N.A. Corporation  
4825 Mark Center Drive  
Alexandria, VA 22311-1850

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - Brandeis

**Project No:** 500-00-0031  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Christopher Tompkins  
**Award:** Task Order Contract, Base  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
415 South Street, P.O. Box 9110  
Waltham, MA 02254-9110

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity task

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS

may award task orders for projects that involve a range of research and demonstration activities. These projects will relate to the Medicare, Medicaid, Child Health programs, the financing and delivery of health services, or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are two tasks that have been awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - Medstat Group (MD)

**Project No:** 500-00-0034  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Claude Bowen  
**Award:** Task Order Contract, Base  
**Awardee:** MEDSTAT Group (DC - Maryland Ave.)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range of research and demonstration activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of 4-option years.

**Status:** There were two tasks awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - Rand Corporation

**Project No:** 500-00-0027  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Don Enichen  
**Award:** Task Order Contract, Base  
**Awardee:** RAND Corporation  
 1700 Main Street, P.O. Box 2138  
 Santa Monica, CA 90407-2138

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a

range of research and demonstration activities. These projects will relate to the Medicare, Medicaid, Child Health Programs, the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four (4) option years.

**Status:** There were two tasks awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - URREA

**Project No:** 500-00-0028  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Philip Held  
**Award:** Task Order Contract, Base  
**Awardee:** Arbor Research Collaborative for Health formerly known as URREA (University Renal Research and Education Association)  
 315 West Huron, Suite 260  
 Ann Arbor, MI 48103

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this Medicare R&D specialty area contract, CMS may award task orders for projects that involve a range of research and demonstration activities. These projects will relate to the financing and delivery of health services or the quality and appropriateness of health services and associated topics. The tasks can involve the development, analysis, implementation, and/or evaluation of health care financing research and demonstration studies/projects. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There were three task orders awarded under this contract. Individual task orders are defined separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - MPR

**Project No:** 500-01-0025  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$1,000  
**Principal Investigator:** Joseph Garrett  
**Award:** Task Order Contract, Base  
**Awardee:** Mathematica Policy Research, (DC)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There is one task awarded under this contract. Individual tasks are described separately. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - Abt Associates

**Project No:** 500-00-0015  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** David Kidder  
**Award:** Task Order Contract, Base  
**Awardee:** Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short

timeframes, to provide the Government with information and options to guide decisions related to important or urgent policy issues. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There are three tasks awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - ARC

**Project No:** 500-00-0016  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$0  
**Principal Investigator:** Gordon Trapnell  
**Award:** Task Order Contract, Base  
**Awardee:** Actuarial Research Corporation  
 6928 Little River Turnpike, Suite E  
 Annandale, VA 22003

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short timeframes, to provide the Government with information and options to guide decisions related to important or urgent policy issues. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There was one task awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - Barents (Bearing Point)

**Project No:** 500-00-0017  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Keith Cherry  
**Award:** Task Order Contract, Base  
**Awardee:** Bearing Point  
 1676 International Drive  
 McLean, VA 22102-4828

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short timeframes, to provide the Government with information and options to guide decisions related to important or urgent policy issues. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. One task has been awarded under this contract. This contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - Brandeis

**Project No:** 500-00-0018  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$25,000  
**Principal Investigator:** Christopher Tompkins  
**Award:** Task Order Contract, Base  
**Awardee:** Brandeis University, Heller Graduate School, Institute for Health Policy  
 415 South Street, P.O. Box 9110  
 Waltham, MA 02254-9110

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short timeframes, to provide the Government with information and options to guide decisions related to important or

urgent policy issues. The base award was for 1-year with a maximum of four option years.

**Status:** There were no tasks awarded under this contract. The contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - C.N.A. Corporation

**Project No:** 500-00-0019  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Robert Murray  
**Award:** Task Order Contract, Base  
**Awardee:** C.N.A. Corporation  
 4825 Mark Center Drive  
 Alexandria, VA 22311-1850

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short timeframes, to provide the Government with information and options to guide decisions related to important or urgent policy issues. The base award was for 1-year with a maximum of four option years.

**Status:** There is one task awarded under this contract. Task Orders are described individually. The contract expired September 29, 2005. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - Medstat Group (MD)

**Project No:** 500-00-0021  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Claude Bowen  
**Award:** Task Order Contract, Base  
**Awardee:** MEDSTAT Group (DC - Maryland Ave.)  
 600 Maryland Avenue, SW, Suite 550  
 Washington, DC 20024-2512

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short timeframes, to provide the Government with information and options to guide decisions related to important or urgent policy issues. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There have been three task orders awarded under this contract. Individual task orders are described separately. This contract expired September 29, 2005. ■

#### **Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - MPR (Princeton)**

**Project No:** 500-00-0020  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$25,000  
**Principal Investigator:** Sue Felt-Lisk  
**Award:** Task Order Contract, Base  
**Awardee:** Mathematica Policy Research, (Princeton)  
600 Alexander Park, PO Box 2393  
Princeton, NJ 08543-2393

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short timeframes, to provide the Government with information and options to guide decisions related to important or urgent policy issues. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There were no tasks awarded under this contract. This contract expired September 29, 2005. ■

#### **Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - Urban Institute**

**Project No:** 500-00-0023  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$25,000  
**Principal Investigator:** Steven Zuckerman  
**Award:** Task Order Contract, Base  
**Awardee:** Urban Institute  
2100 M Street, NW  
Washington, DC 20037

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short timeframes, to provide the Government with information and options to guide decisions related to important or urgent policy issues. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. There were no task orders awarded under this contract. This contract expired September 29, 2005. ■

#### **Research, Analysis, Demonstration, and Survey Task Order Contract - RAND**

**Project No:** 500-01-0024  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$25,000  
**Principal Investigator:** Donna Farley  
**Award:** Task Order Contract, Base  
**Awardee:** RAND Corporation  
1700 Main Street, P.O. Box 2138  
Santa Monica, CA 90407-2138

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population

such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There are no tasks awarded under this task order. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - RTI

**Project No:** 500-01-0018  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$1,000  
**Principal Investigator:** David Faucette  
**Award:** Task Order Contract, Base  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There is one task order awarded under this contract. Individual tasks are listed separately. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract - Westat

**Project No:** 500-01-0020  
**Project Officer:** David Barbato  
**Period:** September 2001 to September 2006  
**Funding:** \$1,000  
**Principal Investigator:** W. Sherman Edwards  
**Award:** Task Order Contract, Base  
**Awardee:** Westat Corporation  
 1650 Research Boulevard  
 Rockville, MD 20850

**Description:** This is the base award of an Indefinite Delivery Indefinite Quantity (IDIQ) task order contract. Under this specialty area contract, CMS may award task orders for projects that involve: general survey design and planning; data collection and methodological research; designing and pilot testing questionnaires and other kinds of data collection instruments; and conducting general population survey(s) of all kinds including surveys of subsets of the general population such as the elderly, Medicare and Medicaid recipients (dual eligible beneficiaries), uninsured, and low-income families with small children. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2001. There are two tasks awarded under this contract. Individual Tasks are defined separately. ■

### Research, Analysis, Demonstration, and Survey Task Order Contract -- Policy Analysis - RTI (NC)

**Project No:** 500-00-0022  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2005  
**Funding:** \$1,000  
**Principal Investigator:** Dan Enichen  
**Award:** Task Order Contract, Base  
**Awardee:** Research Triangle Institute, (NC)  
 PO Box 12194, 3040 Cornwallis Road  
 Research Triangle Park, NC 27709-2194

**Description:** This is the base award of an Indefinite Delivery - Indefinite Quantity (IDIQ) task order contract. Under this policy analysis specialty area contract, CMS may award task orders for projects that involve the analysis of policy questions, often within short

timeframes, to provide the Government with information and options to guide decisions related to important or urgent policy issues. The base award was for 1-year with a maximum of four option years.

**Status:** This is the base task order contract [Indefinite Delivery - Indefinite Quantity contract] awarded in September 2000. There were two tasks awarded under this contract. Individual tasks are described separately. This contract expired September 29, 2005. ■

#### **Review of Current Standards of Practice for Pharmacy Services Provided to Medicare Beneficiaries Residing in Long-Term Care Facilities**

**Project No:** GS-23F-9840H/500-2005-00001G  
**Project Officer:** Sunyna Williams  
**Period:** October 2004 to April 2005  
**Funding:** \$383,062  
**Principal Investigator:** Joan DaVanzo  
**Award:** Contract  
**Awardee:** Jenny Bryant Lewin Group  
3130 Fairview Park Drive, Suite 800 Falls Church, VA 22042

**Description:** The purpose of this task order is to conduct research in partial fulfillment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (Public Law 108-173; MMA), Title I - Medicare Prescription Drug Benefit (aka, Part D), Section 107(b)-Review and Report on Current Standards of Practice for Pharmacy Services Provided to Patients in Nursing Facilities. The Part D drug benefit, which will launch in 2006, will be administered by private health plans. Medicare beneficiaries enrolled in the traditional fee-for-service Medicare program may enroll in a stand-alone prescription drug plan (PDP), whereas beneficiaries enrolled in managed-care Medicare Advantage (MA) plans may only obtain drug coverage through their own MA plans.

The goal of the research is to inform CMS in its development of Part D policy affecting long-term care (LTC) pharmacies serving Medicare beneficiaries as CMS ramps up for the launch of Part D.

The contractor will (a) conduct a thorough review of current standards of practice in LTC pharmacies by collecting primary data and scanning existing information sources, and (b) develop a set of options for the LTC pharmacy system's smooth and effective integration into Part D and conduct a critical analysis of the relative pros and cons of each option.

**Status:** The contractor prepared a Long-Term Care Pharmacy Primer, which was attached to a Report to Congress summarizing the study and the Secretary's plans and recommendations. The Report to Congress was submitted by the Secretary on October 12, 2005. Both the Primer and the Report to Congress are available at [www.cms.hhs.gov/](http://www.cms.hhs.gov/). ■

#### **Risk Adjustment Implementation for Medicare Demonstrations**

<b>Project No:</b>	GS-35F-4052G/HCFA-99-1230
<b>Project Officer:</b>	Cynthia Mason
<b>Period:</b>	September 1999 to December 2004
<b>Funding:</b>	\$473,097
<b>Principal Investigator:</b>	Edward Fu
<b>Award:</b>	GSA Order
<b>Awardee:</b>	Fu Associates 2300 Clarendon Boulevard, Suite 1400 Arlington, VA 22201

**Description:** The risk adjuster was applied to the Medicare Choices Demonstration, Department of Defense Subvention Demonstration, Social Health Maintenance Organizations Demonstration I, and Social Health Maintenance Organizations Demonstration II populations. A modification provides an additional task for the contractor to calculate risk adjuster scores for the treatment and control groups used in the evaluation of the Community Nursing Organization demonstration.

**Status:** This is a project to provide a technical assistance service for the operation of the above named demonstrations. ■

#### **Rural Hospice Demonstration: Quality Assurance Metrics Implementation Support**

<b>Project No:</b>	HHSM-500-2005-00034C
<b>Project Officer:</b>	Cindy Massuda
<b>Period:</b>	September 2005 to September 2007
<b>Funding:</b>	\$250,000
<b>Principal Investigator:</b>	Contract
<b>Award:</b>	HCD International, Inc.
<b>Awardee:</b>	4390 Parliament Place Lanham, MD 20706-1808

**Description:** The purposes of the Rural Hospice Demonstration contract for quality assurance support for two demonstration hospices are: 1) Quality Measure Identification and Template Development to achieve standard formats and consistent data collection; 2) Analysis to verify and validate data submitted and to evaluate the usefulness and appropriateness of domains, measure, elements, templates, education strategies, and performance improvement projects; 3) Provider Education to assist the demonstration sites with ongoing quality metrics education through the use of CD-ROMs, manuals, and other sources to develop the concept of quality through the hospice program; and 4) Quality Improvement Program Implementation Support to assist demonstration sites in evaluating effectiveness of performance improvement projects and revision, as necessary.

**Status:** The project is underway. ■

#### SacAdvantage Health Insurance Subsidy Program

**Project No:** 18-P-91851/09-01  
**Project Officer:** Carl Taylor  
**Period:** September 2003 to September 2007  
**Funding:** \$695,450  
**Principal Investigator:** Amerish Bera  
**Award:** Grant  
**Awardee:** County of Sacramento, Dept. of Health & Human Resources  
 7001A East Parkway, Suite 500  
 Sacramento, CA 95823

**Description:** The County of Sacramento conducted a health insurance premium subsidy program for low-income employees and dependents. This pilot program addressed the health access needs of these individuals through a health insurance premium subsidy program called SacAdvantage. SacAdvantage utilized the services of an existing statewide small employer health insurance purchasing pool, PacAdvantage, to provide choice of health plan, simplicity of administration, and bargaining leverage in the health care market. Funds in the project were used for direct payment of premium subsidies for qualifying low-income employees of small employers.

**Status:** This grant was conducted during the period September 30, 2003 through September 29, 2004. Annual report submitted on March 1, 2006. This project is still ongoing. ■

#### Second Generation Social Health Maintenance Organization Demonstration: Nevada

**Project No:** 95-W-90503/09  
**Project Officer:** Thomas Theis  
**Period:** November 1996 to December 2007  
**Funding:** \$0  
**Principal Investigator:** Ronnie Grower  
**Award:** Waiver-Only Project  
**Awardee:** Health Plan of Nevada, Inc.  
 P.O. Box 15645  
 Las Vegas, NV 89114-5645

**Description:** The purpose of this second-generation social health maintenance organization (S/HMO-II) demonstration is to refine the targeting and financing methodologies and the benefit design of the current S/HMO model. The S/HMO integrates health and social services under the direct financial management of the provider of services. All acute and long-term-care services are provided by or through the S/HMO at a fixed, annual, prepaid capitation sum. The S/HMO-II model provides an opportunity to test models of care focusing on geriatrics. The Health Plan of Nevada (HPN) is one of six organizations originally selected to participate in the project.

**Status:** The Balanced Budget Act of 1997 extended the demonstration period through December 31, 2000. The Balanced Budget Refinement Act of 1999 extended the demonstration until 18 months after the Secretary submits the S/HMO Transition Report to Congress. The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 extended the demonstration until 30 months after the S/HMO Transition Report to Congress is submitted. This report addresses transitioning S/HMOs and similar plans to the Medicare+Choice program and appropriate payment levels for these organizations. The report was sent to Congress in February 2001 making the end date July 2003. CMS, using discretionary authority, extended the demonstration through December 31, 2004. Payment for the S/HMO demonstration in 2004 was determined by the CMS-Hierarchical Condition Category risk adjustment model with a frailty adjuster employing a 90/10 percent blend. The blend was 90 percent of the payment based on the methodology in prior use during the demonstration and 10 percent based on the new risk adjustment system with the additional frailty adjustment. Under a transition plan, CMS extended the demonstration through December 31, 2007. In January 2005, the demonstration's payment methodology was based on the CMS-HCC risk adjustment model using a 70/30 percent payment transition blend. In 2006 and 2007, the payment methodology will change to a 50/50 and a 25/75 percent blend, respectively. A frailty adjustment will continue

through 2007. This extension serves as a transition plan so that at the end of 2007, when the demonstration ends, the organization should be able to convert to a Medicare Advantage plan. HPN is the only S/HMO II model operational site in the demonstration. HPN began enrolling beneficiaries in the demonstration in November 1996. HPN enrollment at the end of 2005 was over 53,000 members.

The project's final Report to Congress was released by the Secretary of Health and Human Services in February 2003. The purpose of this report is to present an analysis of the S/HMO II model. ■

### Shared Integrated Management Information System

**Project No:** 18-P-91723/05-03  
**Project Officer:** Kathy Headen  
**Period:** August 2002 to July 2005  
**Funding:** \$814,537  
**Principal Investigator:** Bruce Johnson  
**Award:** Grant  
**Awardee:** Illinois Primary Health Care Assoc.  
 225 S. College Street, Suite 200  
 Springfield, IL 62704-1815

**Description:** The Illinois Primary Health Care Association is designing and will maintain a single, shared integrated management information system for all community health centers in Illinois. The project will consist of three phases, which they anticipate will take approximately 5 years to complete. The system will store information on patient scheduling, billing, accounts receivable, and patient outcomes tracking. The CMS funding is in addition to a grant from the Health Resources and Services Administration and other private entities.

**Status:** The first phase of the grant included software development and refinement, as well as connectivity of seven health care entities, including six Section 330 grantees and one provider of care to low-income women and children in Chicago. In phase II, a central server, a Wide Area Network infrastructure, and a mobile training center have been established. They have executed contracts with 14 community health centers. CMS Fiscal Year 2004 budget funds have been earmarked to continue the project after July 2004. Final budget report submitted on September 19, 2005. ■

### Social Health Maintenance Organization Project for Long-Term Care: Elderplan, Inc. (Formerly, Social Health Maintenance Organization Project for Long-Term Care)

**Project No:** 95-P-09101/02  
**Project Officer:** Thomas Theis  
**Period:** August 1984 to December 2007  
**Funding:** \$0  
**Principal Investigator:** Eli Feldman  
**Award:** Waiver-Only Project  
**Awardee:** Elderplan, Inc.  
 745 64th Street  
 Brooklyn, NY 11220

**Description:** This project was developed to implement the concept of a social health maintenance organization (S/HMO) for acute- and long-term care. An S/HMO integrates health and social services under the direct financial management of the provider of services. All services are provided by or through the S/HMO at a fixed, annual, prepaid capitation sum. Four demonstration sites originally were selected to participate; of the four, two were health maintenance organizations that have added long-term care services to their existing service packages, and two were long-term care providers that have added acute-care service packages. Elderplan is one of the long-term care provider sites that developed and added an acute-care service component.

**Status:** Elderplan implemented its service delivery network in March 1985. Elderplan uses Medicare waivers. The Balanced Budget Act of 1997 extended the demonstration period through December 31, 2000. The Balanced Budget Refinement Act of 1999 extended the demonstration until 18 months after the Secretary submits the S/HMO Transition Report to Congress. The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (2000) further extended the demonstration until 30 months after the S/HMO Transition Report to Congress is submitted. This report addresses transitioning S/HMOs and similar plans to the Medicare+Choice program and appropriate payment levels for these organizations. The report was sent to Congress in February 2001 making the end date July 2003. CMS, using discretionary authority, extended the demonstration through December 31, 2004. Payment for the S/HMO demonstration in 2004 was determined by the CMS-Hierarchical Condition Category risk-adjustment model with a frailty adjuster employing a 90/10 percent blend. The blend was 90 percent of the payment based on the methodology in prior use during the demonstration, and 10 percent based on the new risk-adjustment system with the additional frailty adjustment. Under a transition plan, CMS extended the demonstration

through December 31, 2007. In January 2005, the demonstration's payment methodology was based on the CMS-HCC risk-adjustment model using a 70/30 percent payment transition blend. In 2006 and 2007, the payment methodology will change to a 50/50 and a 25/75 percent blend, respectively. A frailty adjustment will continue through 2007. This extension serves as a transition plan so that at the end of 2007 when the demonstration ends, the organization should be able to convert to a Medicare Advantage plan. Elderplan enrollment at the end of 2005 was over 15,000 members. ■

### **Social Health Maintenance Organization Project for Long-Term Care: Kaiser Permanente Center for Health Research**

**Project No:** 95-P-09103/00  
**Project Officer:** Thomas Theis  
**Period:** August 1984 to December 2007  
**Funding:** \$0  
**Principal Investigator:** Lucy Nonnenkamp  
**Award:** Waiver-Only Project  
**Awardee:** Kaiser Permanente Center for Health Research  
2701 NW Vaughn Street, Suite 160  
Portland, OR 97210

**Description:** This project was developed to implement the concept of a social health maintenance organization (S/HMO) for acute and long-term care. An S/HMO integrates health and social services under the direct financial management of the provider of services. All services were provided by or through the S/HMO at a fixed, annual, prepaid capitation sum. Four demonstration sites originally were selected to participate - two were health maintenance organizations (HMOs) that have added long-term care services to their existing service packages, and two were long-term care providers that have added acute-care service packages. Kaiser Permanente Center for Health Research (doing business as Senior Advantage II) is one of the HMO sites that developed and added a long-term care component to its service package.

**Status:** Senior Advantage II (formerly Medicare Plus II) implemented its service delivery network in March 1985. Senior Advantage II uses Medicare waivers only. The Balanced Budget Act (1997) extended the demonstration period through December 31, 2000. The Balanced Budget Refinement Act (1999) extended the demonstration until 18 months after the Secretary submits the S/HMO Transition Report to Congress. The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (2000) further extended

the demonstration until 30 months after the S/HMO Transition Report to Congress is submitted. This report addresses transitioning S/HMOs and similar plans to the Medicare+Choice Program and appropriate payment levels for these organizations. The report was sent to Congress in February 2001 making the end date July 2003. CMS, using discretionary authority, extended the demonstration through December 31, 2004. Payment for the S/HMO demonstration in 2004 was determined by the CMS-Hierarchical Condition Category risk-adjustment model with a frailty adjuster employing a 90/10 percent blend. The blend was 90 percent of the payment based on the methodology in prior use during the demonstration and 10 percent based on the new risk adjustment system with the additional frailty adjustment. Under a transition plan, CMS extended the demonstration through December 31, 2007. In January 2005, the demonstration's payment methodology was based on the CMS-HCC risk adjustment model using a 70/30 percent payment transition blend. In 2006 and 2007, the payment methodology will change to a 50/50 and a 25/75 percent blend, respectively. A frailty adjustment will continue through 2007. This extension serves as a transition plan so that at the end of 2007, when the demonstration ends, the organization should be able to convert to a Medicare Advantage plan. Senior Advantage II enrollment at the end of 2005 was over 5000 members. ■

### **Social Health Maintenance Organization Project for Long-Term Care: SCAN Health Plan**

**Project No:** 95-P-09104/09  
**Project Officer:** Thomas Theis  
**Period:** August 1984 to December 2007  
**Funding:** \$0  
**Principal Investigator:** Timothy C. Schwab  
**Award:** Waiver-Only Project  
**Awardee:** SCAN Health Plan  
3800 Kilroy Airport Way, Suite 100  
P.O. Box 22616  
Long Beach, CA 90801-5616

**Description:** This project was developed to implement the concept of a social health maintenance organization (S/HMO) for acute and long-term care. An S/HMO integrates health and social services under the direct financial management of the provider of services. All services are provided by or through the S/HMO at a fixed, annual, prepaid capitation sum. Four sites originally were selected to participate; of the four, two were health maintenance organizations that have added long-term care services to their existing service packages and two were long-term care providers that have added

acute-care service packages. SCAN Health Plan is one of the long-term care provider sites that developed and added an acute-care service component.

**Status:** SCAN Health Plan implemented its service delivery network in March 1985. SCAN uses both Medicare and Medicaid waivers. The Balanced Budget Act of 1997 extended the demonstration period through December 31, 2000. The Balanced Budget Refinement Act of 1999 extended the demonstration until 18 months after the Secretary submits the S/HMO Transition Report to Congress. The Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (2000) further extended the demonstration until 30 months after the S/HMO Transition Report to Congress is submitted. This report addresses transitioning S/HMOs and similar plans to the Medicare+Choice program and appropriate payment levels for these organizations. The report was sent to Congress in February 2001 making the end date July 2003. CMS, using discretionary authority, extended the demonstration through December 31, 2004. Payment for the S/HMO demonstration in 2004 was determined by the CMS-Hierarchical Condition Category risk adjustment model with a frailty adjuster employing a 90/10 percent blend. The blend was 90 percent of the payment based on the methodology in prior use during the demonstration and 10 percent based on the new risk adjustment system with the additional frailty adjustment. Under a transition plan, CMS extended the demonstration through December 31, 2007. In January 2005, the demonstration's payment methodology was based on the CMS-HCC risk-adjustment model using a 70/30 percent payment transition blend. In 2006 and 2007, the payment methodology will change to a 50/50 and a 25/75 percent blend, respectively. A frailty adjustment will continue through 2007. This extension serves as a transition plan so that at the end of 2007, when the demonstration ends, the organization should be able to convert to a Medicare Advantage plan. SCAN Health Plan enrollment at the end of 2005 was over 76,000 members. ■

### Stabilizing Work Force for Patient Care

**Project No:** 18-P-92323/03-02  
**Project Officer:** Carl Taylor  
**Period:** July 2004 to June 2006  
**Funding:** \$1,101,225  
**Principal Investigator:** Charles Santangelo  
**Award:** Grant  
**Awardee:** Susquehanna Health System  
 777 Rural Avenue  
 Williamsport, PA 17701

**Description:** This continuation grant provides assistance in funding the compensation program of Susquehanna Health System hospitals for the upcoming fiscal year. These market adjustments focus on selected support and clinical positions. This has allowed Susquehanna Health System hospitals to recruit and retain personnel, thus reducing agency staffing expenses for clinical positions.

**Status:** The grant was awarded in Fiscal Year 2004 and Fiscal Year 2005, and the project is underway. ■

### State Health Insurance Assistance Program Data Collection and Performance Measurement System

<b>Project No:</b>	500-00-0032/12
<b>Project Officer:</b>	Marilyn Maultsby
<b>Period:</b>	September 2004 to September 2007
<b>Funding:</b>	\$1,075,712
<b>Principal Investigator:</b>	Yvonne Abel
<b>Award:</b>	Waiver-Only Project
<b>Awardee:</b>	Abt Associates, Inc. 55 Wheeler Street Cambridge, MA 02138-1168

**Description:** The purpose of this project is to further refine the current SHIP reporting system and implement a performance measurement process. In addition, the contractor will generate SHIP performance reports based on data gathered for the most recent 6-month reporting periods. They will provide technical assistance to SHIP programs on their data reporting systems and analyze the SHIP Basic Grant distribution formula to determine whether it results in effectively funding the SHIP programs to meet the goal set forth in the enabling legislation.

**Status:** The project is underway. Several tasks have been completed, including:

1. Developed design for enhanced performance measurement system.
2. Built enhanced performance measurement system - updated NPR forms to reflect MMA; and have begun full implementation of revised system for data submissions - Abt being initial point of review and communication with SHIPs.
3. Began training SHIPs on revised forms - led national training for all SHIP directors; now training local counselors.
4. Devised instruction manual for use of NPR forms.

5. Generated performance measurement reports for periods ending September 30, 2003; March 31, 2004; and September 30, 2004.
6. Posted reports on SHIP Web site.
7. Provided and continue to provide technical assistance to SHIPs; troubleshooting; telephone support; and training to SHIPs.
8. Coordinated with SHIP Resource Center on SHIP NPR training.
9. Worked with SHIP Performance Assessment Workgroup on revised NPR forms.
10. Provided project management through conference calls.
11. Has met with CMS staff at CMS twice to discuss projects.
12. Staffed HELP Desk at SHIP Annual Conference in Annapolis in May 2005.
13. Has begun collecting SHIP data for period ending March 31, 2005.
14. Has begun revisions to the cost savings algorithm.
15. Met with OIG staff on SHIP study they are conducting.
16. Worked with sub-contractor, Emagination, to revise the NPR forms and NPR Web site pages for July 1, 2005 launch.
17. Have begun to work with States to modify proprietary systems to comply with revisions to NPR forms and schedule of reporting.
18. Has provided technical assistance to 17 SHIPs that use state proprietary systems to upload data into the NPR website.
19. Identified data elements from the revised NPR forms that can potentially be used to identify benchmarks and performance targets for the SHIP network.
20. Worked with CMS to identify 9 data elements to be used for benchmarking and continues to work with CMS and its SHIP Performance Assessment Workgroup on this initiative.
21. Generated nationwide and State specific NPR (Client Contact, and Data Quality reports) for the quarterly reporting periods: April to March 2005 and July to September 2005 and is currently working on the reports for the period October 2005 to December 2005.
22. Created National Aggregate PAM report and produced PAM NPR reports for the period July 2005 to September 2005; and completed the Resource Report for the period April 2005 to September 2005.
23. Completed preliminary a ■

## Statistical Imputation of Prescription Drug Spending

**Project No:** 500-2005-00003C  
**Project Officer:** Rebecca Paul  
**Period:** November 2004 to May 2005  
**Funding:** \$99,900  
**Principal Investigator:** Thomas MacCurdy  
**Award:** Contract  
**Awardee:** Acumen, LLC  
1415 Rollins Rd  
Burlingame, CA 94010

**Description:** The goals of this project are to provide technical expertise regarding Medicare Prescription Drug Benefit, establish the Medicare Advantage Program rules, and produce a written summary identifying areas in each draft rule where clarification or changes might be appropriate.

**Status:** The project is underway. Preliminary data sets have been prepared for potential prescription drug plan (PDP) bidders and are available at <http://cms.hhs.gov/pdps>. ■

## Studies in Home Health Case Mix

**Project No:** 500-00-0032/03  
**Project Officer:** Sharon Ventura  
**Period:** September 2001 to December 2006  
**Funding:** \$942,602  
**Principal Investigator:** Marian Wrobel, Ph.D.  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
55 Wheeler Street  
Cambridge, MA 02138-1168

**Description:** The main purposes of this project are to further develop the case mix model used for the home health prospective payment system (PPS) implemented in October 2000 and to explore new approaches to case mix adjuster development. Some of the results may have near- or medium-term application to CMS rule-making for Medicare home health payment because they are essentially extensions of the current model. Other results are not necessarily extensions of the current model and therefore might find application in the longer-term future. Additional tasks in this project involve maintenance of the home health PPS Grouper and other types of technical assistance. All work will be conducted using existing administrative databases.

**Status:** Initial analyses were conducted on a 20 percent sample of claims from the first 3/4 of PPS. In 2004-2005, further analysis used the initial sample and a later, somewhat larger sample. Some analyses make use of simulated episodes from earlier periods for comparison. Analyses have been directed at such issues as: (1) performance of the existing adjuster for long-stay patients; (2) feasibility of an adjuster for supplies costs; (3) prediction of therapy costs and other approaches to accounting for high-cost therapy users; (4) performance of additional diagnosis groups and co-morbidities; (5) miscellaneous refinements of existing diagnosis groups; and (6) time trends in Outcome and Assessment Information Set item coding. Further work will include retesting interim results on the latest data available during Contract Year 2005 and assessing model performance after accounting for outlier payments. ■

### Studies of Use and Expenditure Patterns in Medicaid by Therapeutic Class of Drug for Selected Eligibility Groups

**Project No:** ORDI-IM-109  
**Project Officer:** David Baugh  
**Period:** Gary Ciborowski  
 August 2000 to  
 December 2006  
**Funding:** \$0  
**Principal Investigator:**  
**Award:** Intramural  
**Awardee:** Centers for Medicare & Medicaid Services  
 7500 Security Boulevard  
 Baltimore, MD 21244-1850

**Description:** This project uses Medicaid prescription drug data files to group drugs by therapeutic class for the years 1994 through 2000. A series of intramural studies is planned. Research questions to be addressed include:

- (1) What types of drugs are used by Medicaid eligibility groups?
- (2) What are the program payments for drugs by Medicaid Program and enrollee characteristics?
- (3) What are the characteristics of settings where drugs are prescribed and how are they changing?
- (4) What are the utilization and program payments for high cost drugs?
- (5) What are the causes for Medicaid drug payment increases?
- (6) What can we learn about drug utilization patterns in fee-for-service to identify any access and under-

utilization problems after the implementation of prepaid plans?

(7) What are the trends in drug utilization, by therapeutic category of drugs?

(8) What are the levels of utilization and program payment for off-labeled uses of drugs?

(9) What are the benefits-versus-cost tradeoffs of prescribing later-generation as opposed to earlier-generation drugs?

**Status:** During fiscal year 2001 the researchers added therapeutic classification data to each Medicaid prescription drug record. These data were acquired via a license from the data holder, First Data Bank of San Bruno, CA. During 2003 and 2004, the research team prepared three manuscripts using these data. All of these manuscripts have now been published. The references for these articles are:

- Baugh, D.; Pine, P.; Blackwell, S. and Ciborowski, G.: Central Nervous System Prescription Drug Use and Payments in Medicaid. *Journal of Pharmaceutical Marketing and Management*. 16 (2), pp. 63-82.
- Baugh, D.; Pine, P.; Blackwell, S. and Ciborowski, G.: Medicaid Prescription Drug Utilization and Payment in the 1990s: A Decade of Change. *Health Care Financing Review*. 26 (1), Fall 2004, pp. 57-73.
- Baugh, D.; Pine, P.; Blackwell, S. and Ciborowski, G.: Medicaid Spending and Utilization for Central Nervous System Drugs. *Health Care Financing Review*. 25 (3), Spring 2004, pp. 5-23.

Additional research is underway. The next article will examine Medicaid prescription drug utilization and spending for dual enrollees by therapeutic category of drugs. ■

### Study of Paid Feeding Assistant Programs

**Project No:** 500-00-0049/02  
**Project Officer:** Susan Joslin  
**Period:** September 2004 to  
 February 2008  
**Funding:** \$597,374  
**Principal Investigator:**  
**Award:** Terry Moore  
**Awardee:** Task Order (RADSTO)  
 Abt Associates, Inc.  
 55 Wheeler Street  
 Cambridge, MA 02138-1168

**Description:** A critical shortage of certified nurse aides in many parts of the country has resulted in a need for staff that are specially trained to help residents eat at mealtimes; to supplement, but not replace certified nurses aides. Nurse aides and other nursing staff receive training so that they are able to feed residents with all kinds of feeding problems. States must approve the training programs for feeding assistants using the Federal requirements as minimum standards.

**Status:** Phase I has been extended to February 6, 2008. ■

### Study on Effectiveness of Current LTC Survey and Certification

**Project No:** 500-95-0062/03  
**Project Officer:** Marvin Feuerberg  
**Period:** November 1996 to September 2005  
**Funding:** \$2,683,138  
**Principal Investigator:** Alan White  
**Award:** Donna Hurd  
**Awardee:** Task Order  
**Award:** Abt Associates, Inc.  
**Awardee:** 55 Wheeler Street  
**Award:** Cambridge, MA 02138-1168

**Description:** This contract was awarded to Abt Associates to conduct a congressionally-mandated study and Report to Congress on the effectiveness of the current survey process as well as some alternative survey approaches. After the contract was awarded, initial work was delayed until a political issue was resolved. Subsequently, the contract including modifications has resulted in three massive, multi-volume Reports to Congress:

“Study of Private Accreditation (Deeming) of Nursing Homes, Regulatory Incentives and Non-Regulatory Initiatives, and Effectiveness of the Survey and Certification System, July 1998; Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes, Summer 2000; Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes, Phase II Final Report, March 2002;”

The contractor, subcontractors, and CMS staff who have written chapters in the reports have been very productive. The reports have averaged about 900 pages and have been very high-profile, all making the front page of the New York Times.

This publicity surrounding the reports created external demands on CMS and the contractor to conduct two follow-up studies/tasks that are addressed in the final modification to this contract. The most difficult of these two studies/tasks, “Options for a CMS Public Reporting System of Nurse Staffing in Nursing Homes,” was completed in October 2004 and is now under review by CMS management.

A draft report of the remaining study/task – “Options for Improving Nurse Aide Training” - will be completed by March 31, 2005.

**Status:** All work on this contract was completed by September 30, 2005. ■

### Studying Migrant and Seasonal Farm Workers

**Project No:** 25-P-91468/05  
**Project Officer:** Richard Bragg  
**Period:** September 2001 to September 2004  
**Funding:** \$246,400  
**Principal Investigator:** Rene Perez Rosenbaum  
**Award:** Grant  
**Awardee:** Michigan State University  
**Award:** 112 Paolucci Bldg  
**Awardee:** East Lansing, MI 48824-1110

**Description:** This 2-year cross-sectional pilot study among migrant and seasonal farm workers will provide data and information on sociodemographics, housing conditions, work conditions, self-reported and doctor-reported health conditions, health services needs, and utilization. This research study will utilize a needs assessment strategy (500 subjects) to: (1) produce a comprehensive profile of the medical health needs of migrant and seasonal farm workers in Northern Michigan; (2) identify the types of services required and general practice among migrant and seasonal farm workers in Northern Michigan; and (3) determine the association between the health needs of farm workers, types of services required, and health services utilization rates in the population.

**Status:** The project was awarded under CMS’s Hispanic Health Services Research Grant Program. It is complete. ■

## Support for Research and Analytic Activities - IQSolutions

**Project No:** 500-00-0059  
**Project Officer:** David Barbato  
**Period:** September 2000 to September 2004  
**Funding:** \$0  
**Principal Investigator:** Illeana Quintas  
**Award:** Task Order Contract, Base  
**Awardee:** IQ Solutions, Inc.  
 11300 Rockville Pike, Suite 801  
 Rockville, MD 20852

**Description:** This project provides support for CMS's research and analytic program. Specifically, it will support project design and operation, dissemination and distribution of results, and data-related activities. The base award was for one year with a maximum of four option years.

**Status:** This is the base task order contract [indefinite delivery-indefinite quantity contract] awarded in September 2000. Tasks awarded to date are: (TO#1) Support for Research and Analytic Activities; (TO#2) Active Projects Report: Reconsideration, Revision, and Production Improvements; (TO#3) Research and Demonstration Projects Searchable Database; Stage Two Improvement, Enhancements, and Implementation; (TO#4) Convert CMS Research Results to Consistent Standardized Architecture to Support Web-Based Dissemination. Individual tasks are described separately. The project is complete. ■

## Sustaining Culture Change in LTC Facilities for the Elderly

**Project No:** 18-P-91857/03-02  
**Project Officer:** Mary Clarkson  
**Period:** September 2003 to September 2007  
**Funding:** \$297,350  
**Principal Investigator:** Cheryl Cooper  
**Award:** Grant  
**Awardee:** Jefferson Area Board for Aging  
 674 Hillsdale Ave., Suite 9  
 Charlottesville, VA 22901

**Description:** This grant continues work started under prior year Congressional funding. The current project has been designed to identify, demonstrate, and widely disburse interventions for long term care facilities (nursing homes and assisted living facilities) that are designed to improve the well-being of residents, staff,

administrators, family members, and involved public. These interventions include the following: measurement tools, training tools for staff, an "embracing elderhood" intergenerational program, and research on risks involved with these interventions in long term care with consideration of how to balance risk with quality of life and well-being.

**Status:** This grant was awarded for Fiscal Years 2003, 2004, and 2005. ■

## Sustaining the Access Health "Three-Share" Model of Community Health Coverage: Marketing the Product and Managing the Risk

**Project No:** 18-C-92395/05-01  
**Project Officer:** Carl Taylor  
**Period:** August 2004 to January 2007  
**Funding:** \$948,200  
**Principal Investigator:** Peter Sartorius  
**Award:** Grant  
**Awardee:** Muskegon Community Health Project  
 565 West Western Ave  
 Muskegon, MI 49440

**Description:** This is a continuation grant that will build on earlier (2004) research that contributed a project design and evaluation. The purpose of Access Health is to provide an affordable health coverage product to a niche of small businesses and their employees who are able to assist in payment of coverage, but unable to participate at commercial levels. Funding comes from three sources: employer, employee, and community. Thus, the funding structure is a Three-Share model. The goal of the project is to continue to reduce the number of uninsured people in Muskegon County.

**Status:** This grant was awarded in Fiscal Years 2002, 2004, and 2005. ■

## System and Impact Research and Technical Assistance for CMS Fiscal Year 2005 Real Choice Systems Change Grants

**Project No:** 500-00-0049/03  
**Project Officer:** Marybeth Ribar  
**Period:** September 2005 to September 2011  
**Funding:** \$4,197,421  
**Principal Investigator:** Yvonne Abel  
**Award:** Task Order (RADSTO)  
**Awardee:** Abt Associates, Inc.  
55 Wheeler Street  
Cambridge, MA 02138-1168

**Description:** The purpose of this task order is to: examine the systems and impacts of the Fiscal Year 2005 Real Choice Systems Change (RCSC) Grants; provide limited technical assistance (TA) to Centers for Medicare and Medicaid Services (CMS) regarding strategic planning and grants management; and provide limited TA to FY05 RCSC Grantees regarding strategic planning, evaluation strategies and outcome measurement. The information from this work will be used to inform interested partners within the Department of Health and Human Services, congressional sponsors, all Systems Change Grantees, and Federal and State decision-makers. This task order will run for the duration of the FY05 RCSC Grants in order to capture the activities and outcomes of the specific grants being evaluated under this task order.

**Status:** Summaries of the 2005 Grants have been completed and will be on the CMS website within 2 weeks. Strategic Plan Template and initial onsite visits for the Systems Transformation (ST) Grantees have been completed. All Tasks and activities on are time. Finalization of Strategic Plan web format and review and approval of ST Grantees Strategic Plans will be completed by June 2006. The web-based RCSC Grant Program management reports are in development. The contract is in process of being modified to include 2006 ST Grants. ■

## Take AAIM for Healthy Children Program

**Project No:** 18-P-93067/3-01  
**Project Officer:** Carl Taylor  
**Period:** May 2005 to April 2006  
**Funding:** \$148,800  
**Principal Investigator:** Brenda Mitchell  
**Award:** Grant

### Awardee:

African American Interdenominational Ministries, Inc.  
5008 Baltimore Ave. Suite C  
Philadelphia, PA 19143

**Description:** This project is a faith-based initiative to enroll 420 eligible children into government health care programs, including Medicaid and the State Children's Health Insurance Program (S-CHIP). The project will begin with a focus on 12 city-wide churches and three health care providers. The first outreach event is planned for May 1, 2005. The organization has identified that this project is part of a three-year initiative to identify, enroll, and encourage family and children's usage of services after enrollment. AAIM expects to expand over three years to 40 churches and working with as many as 10 health care providers.

**Status:** This project is continuing; the end date is April 30, 2006. ■

## Technical Assistance Resource Center for Direct Service Workforce Development

**Project No:** 500-00-0051/06  
**Project Officer:** Kathryn King  
**Period:** September 2005 to September 2008  
**Funding:** \$1,684,554  
**Principal Investigator:** Lisa Maria Alecxih  
**Award:** Task Order (RADSTO)  
**Awardee:** Lewin Group  
3130 Fairview Park Drive, Suite 800  
Falls Church, VA 22042

**Description:** The purpose of this task order is to provide funding to create a National Program Office (NPO), or Resource Center, for direct service worker initiatives. The NPO contractor will provide programmatic technical assistance to State and local governments, not-for-profit organizations and the Centers for Medicare and Medicaid Services (CMS) for the purpose of recruitment, training, and retention of direct service workers (DSWs) for persons with disabilities and elderly individuals with long term illnesses.

**Status:** The Lewin Group developed the infrastructure for the Resource Center including a website, email address, and phone number to respond to basic TA questions from all sources. In addition, Lewin assisted CMS in developing a competitive process to select 5 State Medicaid agencies for Intensive TA (Texas, South Carolina, New York, Louisiana, Arizona) and is now delivering extensive TA to these States. Lewin is also

developing a "Funding Sources Report" and mechanisms for peer-to-peer learning. ■

### Techniques Taken by States To Rebalance Their Long Term Care System

**Project No:** 500-00-0053/03  
**Project Officer:** Marybeth Ribar  
**Period:** September 2004 to March 2008  
**Funding:** \$2,111,440  
**Principal Investigator:** Linda Clark-Helms  
 Rosalie Kane  
 Robert Kane  
**Award:** Task Order (RADSTO)  
**Awardee:** University of Minnesota  
 450 Gateway Building, 200 Oak Street SE  
 Minneapolis, MN 55455

**Description:** The Centers for Medicare & Medicaid Services (CMS) will, through a Contractor, work with three to eight States who are in the process of rebalancing and research the program management techniques used by these States to provide adequate services while effectively managing aggregate costs. CMS will also, through a Contractor, work with these States to gather and report on the changes in aggregate costs and per person expenditures to the Medicaid program and the numbers of individuals receiving institutional and community-based care.

**Status:** The first annual report of the contract is in the process of being finalized and will be up on the NFI website in April 2006. It includes an executive summary of findings from the 1st year as well as an in-depth case study and highlight report for each of the 8 States. A NFI Open Door Forum was held in February to get suggestions for the targeted papers of study. Topics are being chosen for research papers in April 2006. Data analysis linking Max data with States' finder files will begin within the next month. ■

### Telephone Customer Service Strategy -- Customer Satisfaction

**Project No:** 500-95-0059/05  
**Project Officer:** Lori Teichman  
**Period:** May 1999 to February 2005  
**Funding:** \$2,334,300  
**Principal Investigator:** Joan DaVanzo  
**Award:** Task Order  
**Awardee:** Lewin Group  
 3130 Fairview Park Drive, Suite 800  
 Falls Church, VA 22042

**Description:** This project provides assistance in developing and implementing a nationwide survey of customer satisfaction with telephone service provided by CMS's Medicare contractors. It will provide technical guidance and support in the development and implementation of a customer satisfaction methodology and put in place processes that will yield specific and standardized measures of customer satisfaction. The project focuses on the extent to which the caller is satisfied with the services provided, including the professionalism and courtesy of the customer services representatives, ease of use of the telephone system, and overall quality of service.

**Status:** A recommendation was developed on the feasibility of an independent beneficiary satisfaction survey for call centers. The survey was developed, piloted and implemented by telephone. Finally, a conference was developed and held on telephone customer service. The survey has been used for 1-800-MEDICARE call centers, Medicare fee-for-service contractors, three Medicare pilot programs, and most recently to assess satisfaction with inquiries for the Medicare-approved discount drug card and questions about preventive services. This contract ended as scheduled on February 28, 2005, and all project requirements were completed for CMS. ■

### Tennessee Families First Demonstration

**Project No:** 11-W-00104/04  
**Project Officer:** Paul Youket  
 Darrel McGhee  
**Period:** September 1996 to June 2007  
**Funding:** \$0  
**Principal Investigator:** David Goetz  
**Award:** Waiver-Only Project

**Awardee:** Tennessee, Department of Human Services  
400 Deaderick Street  
Nashville, TN 37248

**Description:** Families First is a Welfare Demonstration. CMS approved waivers of the specific Medicaid regulations to provide 18 months of transitional Medicaid to people regardless of the reason for Aid to Families and Dependent Children (AFDC) case closure and/or whether the person was on AFDC for 3 out of the preceding 6 months.

**Status:** The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 permitted States to continue many of the policies that had previously required waivers of pre-welfare reform by submitting a Temporary Assistance for Needy Families plan to the Administration for Children and Families. Unless otherwise indicated, States have elected to retain the waivers and expenditures authorities granted by CMS as part of the welfare reform demonstrations. No further information on the status of this project has been received by CMS. ■

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

N

### Ticket to Work and Work Incentives Improvement Grant

**Project No:** 11-P-91240/04  
**Project Officer:** Carey Appold  
**Period:** October 2000 to December 2004  
**Funding:** \$625,000  
**Principal Investigator:** Fran Ellington  
**Award:** Grant  
**Awardee:** Georgia, Department of Community Health  
2 Peachtree Street, NW, 37th Floor Atlanta, GA 30303

### Ticket to Work and Work Incentives Improvement Grant

**Project No:** 11-P-91228/05  
**Project Officer:** Carey Appold  
**Period:** October 2000 to December 2004  
**Funding:** \$4,816,293  
**Principal Investigator:** MaryAlice Mowry  
**Award:** Grant  
**Awardee:** Minnesota, Department of Human Services  
P.O. Box 64983  
St. Paul, MN 55164-0983

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

### **Ticket to Work and Work Incentives Improvement Grant - Alabama**

**Project No:** 11-P-91224/04  
**Project Officer:** Jeannine Eberly  
**Period:** October 2000 to December 2005  
**Funding:** \$1,625,000  
**Principal Investigator:** Marilyn Ferguson  
**Award:** Grant  
**Awardee:** Alabama, Medicaid Agency, Long Term Care Division  
 501 Dexter Avenue  
 Montgomery, AL 36103-5624

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment-related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This project was completed in December 2005. ■

### **Ticket to Work and Work Incentives Improvement Grant - Alaska**

**Project No:** 11-P-91230/00  
**Project Officer:** Jeannine Eberly  
**Period:** January 2005 to December 2008  
**Funding:** \$1,625,000  
**Principal Investigator:** Millie Ryan  
**Award:** Grant  
**Awardee:** Alaska, Governor's Council on Disabilities and Special Education  
 P.O. Box 240249  
 Anchorage, AK 99524-0249

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our web site at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). ■

### **Ticket to Work and Work Incentives Improvement Grant - California**

**Project No:** 11-P-91494/09  
**Project Officer:** Jeannine Eberly  
**Period:** January 2005 to December 2008  
**Funding:** \$1,500,000  
**Principal Investigator:** Linda Blong  
**Award:** Grant  
**Awardee:** Sonoma State University, California Institute on Human Services  
 714/744 P Street  
 Sacramento, CA 95814

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment-related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our web site at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). ■

#### **Ticket to Work and Work Incentives Improvement Grant - Colorado**

**Project No:** 11-P-91481/08  
**Project Officer:** Carey Appold  
**Period:** January 2002 to December 2004  
**Funding:** \$1,000,000  
**Principal Investigator:** Dann Milne  
**Award:** Grant  
**Awardee:** Colorado, Department of Health Care Policy and Financing  
 1570 Sherman Street  
 Denver, CO 80203-1714

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment-related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This project was completed in December 2004. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Connecticut**

**Project No:** 11-P-91231/01  
**Project Officer:** Carey Appold  
**Period:** October 2000 to December 2004  
**Funding:** \$1,625,000  
**Principal Investigator:** Amy Porter  
**Award:** Grant  
**Awardee:** Connecticut Department of Social Services  
 25 Sigourney Street  
 Hartford, CT 06106

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Delaware**

**Project No:** 11-P-91482/03  
**Project Officer:** Carey Appold  
**Period:** January 2002 to December 2004  
**Funding:** \$1,000,000  
**Principal Investigator:** Joyce Pinkett  
**Award:** Grant

**Awardee:** Delaware, Health Care Commission  
900 N. Dupont Hwy, Lewis Bldg.  
New Castle, DE 19720

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment-related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

#### **Ticket to Work and Work Incentives Improvement Grant - District of Columbia**

**Project No:** 11-P-91241/03  
**Project Officer:** Jeannine Eberly  
**Period:** April 2002 to December 2005  
**Funding:** \$1,900,860  
**Principal Investigator:** Gail Smith  
**Award:** Grant  
**Awardee:** District of Columbia, Department of Health, Medical Assistance Administration  
Suite 5135, N. Capitol St., NE  
Washington, DC 20002

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional

working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our web site at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). ■

#### **Ticket to Work and Work Incentives Improvement Grant - Illinois**

**Project No:** 11-P-91238/05-01  
**Project Officer:** Aaron Blight  
**Period:** October 2000 to December 2004  
**Funding:** \$625,000  
**Principal Investigator:** Pat Curtis  
**Award:** Grant  
**Awardee:** Illinois, Department of Public Aid, (South Grand Avenue)  
201 South Grand Avenue, East Springfield, IL 62763-0001

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other state and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at <http://www.cms.hhs.gov/twwia>.

**Status:** This award was made to allow the state to develop the infrastructure that will support the development of demonstrations. The project has been completed. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Illinois**

**Project No:** 11-P-91484/05-03  
**Project Officer:** John Young  
**Period:** January 2002 to December 2004  
**Funding:** \$1,500,000  
**Principal Investigator:** Pat Curtis  
**Award:** Grant  
**Awardee:** Illinois, Department of Public Aid, (South Grand Avenue)  
 201 South Grand Avenue, East Springfield, IL 62763-0001

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of Statewide personal assistance services, form linkages with other State and local agencies that provide employment-related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwiiia](http://www.cms.hhs.gov/twwiiia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is complete. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Iowa**

**Project No:** 11-P-91491/07-03  
**Project Officer:** Joseph Razes  
**Period:** January 2002 to December 2004  
**Funding:** \$2,867,750  
**Principal Investigator:** Eileen Creager  
**Award:** Grant  
**Awardee:** Iowa, Department of Human Services  
 Hoover Building, 5th Fl, 1305 E. Walnut St.  
 DesMoines, IA 50319-0114

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of Statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwiiia](http://www.cms.hhs.gov/twwiiia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is complete. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Kansas**

**Project No:** 11-P-91226/07  
**Project Officer:** Jeannine Eberly  
**Period:** October 2000 to December 2008  
**Funding:** \$2,029,117  
**Principal Investigator:** Sharon Johnson  
**Award:** Grant

**Awardee:** Kansas, Department of Social and Rehabilitation Services  
915 Harrison St. 6th Floor North  
Topeka, KS 66612-1570

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our web site at [www.cms.hhs.gov/twwiia](http://www.cms.hhs.gov/twwiia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). ■

#### **Ticket to Work and Work Incentives Improvement Grant - Louisiana**

**Project No:** 11-P-91487/06  
**Project Officer:** Phillip Otto  
                           Carey Appold  
                           Melissa Hulbert  
**Period:** January 2002 to December 2007  
**Funding:** \$1,500,000  
**Principal Investigator:** Pate Kirk  
**Award:** Grant  
**Awardee:** Louisiana, Department of Health and Hospitals  
                           P.O. Box 91030  
                           Baton Rouge, LA 70821-9030

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to

use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwiia](http://www.cms.hhs.gov/twwiia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). ■

#### **Ticket to Work and Work Incentives Improvement Grant - Maine**

**Project No:** 11-P-91223/01-04  
**Project Officer:** John Young  
**Period:** October 2000 to December 2004  
**Funding:** \$2,082,963  
**Principal Investigator:** Christine Gianopoulos  
**Award:** Grant  
**Awardee:** Maine, Department of Human Services  
                           11 State House Station  
                           Augusta, ME 04333

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwiia](http://www.cms.hhs.gov/twwiia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is complete. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Massachusetts**

**Project No:** 11-P-91918/01  
**Project Officer:** Carey Appold  
**Period:** January 2004 to December 2007  
**Funding:** \$2,956,368  
**Principal Investigator:** Jay Himmelstein  
**Award:** Grant  
**Awardee:** University of Massachusetts Medical School, Office of the Chancellor  
55 Lake Avenue North  
Worcester, MA 01655

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket to Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant program, please visit our website at [www.cms.hhs.gov/twwiiia](http://www.cms.hhs.gov/twwiiia).

**Status:** The 11-year program is currently in the fourth year of funding. The program runs in 4-year continuous funding cycles. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Missouri**

**Project No:** 11-P-91489/07-02  
**Project Officer:** Joseph Razes  
**Period:** January 2002 to December 2004  
**Funding:** \$1,325,000  
**Principal Investigator:** Sheri Taylor  
**Award:** Grant  
**Awardee:** Missouri, Department of Social Services  
615 Howerton Court, PO Box 6500  
Jefferson City, MO 65102-6500

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of Statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwiiia](http://www.cms.hhs.gov/twwiiia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is complete. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Nebraska**

**Project No:** 11-P-91480/07  
**Project Officer:** Carey Appold  
**Period:** January 2002 to December 2004  
**Funding:** \$500,000  
**Principal Investigator:** Mary Jo Iwan  
**Award:** Grant

**Awardee:** Nebraska, Department of Health and Human Services  
301 Centennial Mall S, 5th Floor, P.O. Box 95044  
Lincoln, NE 68509-5026

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award is made to allow the State to develop the infrastructure that will support employment. The project is now complete. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Nebraska**

**Project No:** 11-P-91220/07  
**Project Officer:** Carey Appold  
**Period:** October 2000 to December 2004  
**Funding:** \$2,215,000  
**Principal Investigator:** Mary Jo Iwan  
**Award:** Grant  
**Awardee:** Nebraska, Department of Health and Human Services  
301 Centennial Mall S, 5th Floor, P.O. Box 95044  
Lincoln, NE 68509-5026

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to

use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This project was completed in December 2004. ■

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#### **Ticket to Work and Work Incentives Improvement Grant - Nevada**

**Project No:** 11-P-91233/09  
**Project Officer:** Carey Appold  
**Period:** October 2000 to December 2004  
**Funding:** \$2,125,000  
**Principal Investigator:** Mary Wherry  
**Award:** Grant  
**Awardee:** Nevada, Department of Human Resources  
100 East William Street, Suite 116  
Carson, NV 89701

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This project was completed in December 2004. ■

#### **Ticket to Work and Work Incentives Improvement Grant - New Hampshire**

**Project No:** 11-P-91216/01  
**Project Officer:** Carey Appold  
**Period:** October 2000 to December 2004  
**Funding:** \$3,010,041  
**Principal Investigator:** Deinse Bouldouc-Musumeci  
**Award:** Grant  
**Awardee:** New Hampshire, Department of Health and Human Services, (Pleasant St)  
105 Pleasant St  
Concord, NH 03301

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now completed. ■

#### **Ticket to Work and Work Incentives Improvement Grant - New Jersey**

**Project No:** 11-P-91218/02  
**Project Officer:** Carey Appold  
**Period:** October 2000 to December 2004  
**Funding:** \$2,125,000  
**Principal Investigator:** William Ditto  
**Award:** Grant  
**Awardee:** New Jersey, Department of Human Services  
222 South Warren St, PO Box 700  
Trenton, NJ 08625-0700

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This project was completed in December 2004. ■

#### **Ticket to Work and Work Incentives Improvement Grant - New Mexico**

**Project No:** 11-P-91221/06  
**Project Officer:** Jeannine Eberly  
**Period:** October 2000 to December 2008  
**Funding:** \$2,124,575  
**Principal Investigator:** Ernesto Rodriguez  
**Award:** Grant

**Awardee:** New Mexico, Department of Human Services, Medical Assistance Division  
2025 S. Pacheco, Ark Plaza, PO Box 2348  
Santa Fe, NM 87504-2348

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our web site at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). ■

#### **Ticket to Work and Work Incentives Improvement Grant - New York**

**Project No:** 11-P-91490/02-04  
**Project Officer:** Carrie Smith  
**Period:** January 2002 to December 2006  
**Funding:** \$1,811,689  
**Principal Investigator:** Linda LeClair  
**Award:** Grant  
**Awardee:** New York, Department of Health, (Albany)  
The Riverview Center, 4th Floor,  
150 Broadway  
Albany, NY 12204-2719

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who

would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award is made to allow the State to develop the infrastructure that will support the development of demonstration(s). The State is currently operating under a no-cost extension until December 31, 2006. ■

#### **Ticket to Work and Work Incentives Improvement Grant - North Dakota**

**Project No:** 11-P-91493/08  
**Project Officer:** Carey Appold  
**Period:** January 2002 to December 2005  
**Funding:** \$2,000,000  
**Principal Investigator:** Mary Mercer  
**Award:** Grant  
**Awardee:** Minot State University  
500 University Ave., West  
Minot, ND 58707

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This project was completed in December 2005. ■

### Ticket to Work and Work Incentives Improvement Grant - Ohio

**Project No:** II-P-91476/05  
**Project Officer:** Carey Appold  
**Period:** January 2002 to December 2005  
**Funding:** \$2,000,000  
**Principal Investigator:** James Downie  
**Award:** Grant  
**Awardee:** Ohio, Department of Job and Family Services  
50 W. Broad St, 9th Floor  
Columbus, OH 43215

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This project was completed in December 2005. ■

### Ticket to Work and Work Incentives Improvement Grant - Oklahoma

**Project No:** II-P-91477/06  
**Project Officer:** Phillip Otto  
Carey Appold  
Melissa Hulbert  
**Period:** January 2002 to December 2005  
**Funding:** \$1,124,283  
**Principal Investigator:** Kelly Shropshire  
**Award:** Grant  
**Awardee:** Oklahoma, Health Care Authority  
4545 N. Lincoln Blvd., Suite 124  
Oklahoma City, OK 73105

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This grant was closed out December 31, 2005 at the request of the grantee. ■

### Ticket to Work and Work Incentives Improvement Grant - Oregon

**Project No:** II-P-91219/00  
**Project Officer:** Jeannine Eberly  
**Period:** October 2000 to December 2008  
**Funding:** \$2,125,000  
**Principal Investigator:** Travis Wall  
**Award:** Grant

**Awardee:** Oregon, Department of Human Services  
500 Summer St, NE - E10  
Salem, OR 97301-1076

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our web site at [www.cms.hhs.gov/twwiia](http://www.cms.hhs.gov/twwiia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). ■

#### **Ticket to Work and Work Incentives Improvement Grant - Pennsylvania**

**Project No:** 11-P-91483/03  
**Project Officer:** Carey Appold  
**Period:** January 2002 to December 2005  
**Funding:** \$2,000,000  
**Principal Investigator:** Charles Tyrell  
**Award:** Grant  
**Awardee:** Pennsylvania, Department of Public Welfare  
P. O. Box 2675  
Harrisburg, PA 17105-2675

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in),

increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment-related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwiia](http://www.cms.hhs.gov/twwiia).

**Status:** This project was completed in December 2005. ■

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#### **Ticket to Work and Work Incentives Improvement Grant - Rhode Island**

<b>Project No:</b>	11-P-91229/01
<b>Project Officer:</b>	Carey Appold
<b>Period:</b>	October 2000 to December 2004
<b>Funding:</b>	\$2,125,000
<b>Principal Investigator:</b>	Elaina Goldstein
<b>Award:</b>	Grant
<b>Awardee:</b>	Rhode Island, Department of Human Services, HCQFP, Center for Adult Health 600 New London Avenue Cranston, RI 02920

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwiia](http://www.cms.hhs.gov/twwiia).

**Status:** This project was completed in December 2004. ■

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**Ticket to Work and Work Incentives Improvement Grant - South Dakota**

**Project No:** 11-P-91485/08  
**Project Officer:** Carey Appold  
**Period:** January 2002 to December 2005  
**Funding:** \$2,000,000  
**Principal Investigator:** Grady Kickul  
**Award:** Grant  
**Awardee:** South Dakota, Department of Human Services  
 East Highway 34, Hillsview Properties Plaza, c/o 500 East Capitol  
 Pierre, SD 57501-5070

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwiia](http://www.cms.hhs.gov/twwiia).

**Status:** This project was completed in December 2005. ■

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**Ticket to Work and Work Incentives Improvement Grant - Texas**

**Project No:** 11-P-91488/07  
**Project Officer:** Jeannine Eberly  
**Period:** January 2002 to December 2005  
**Funding:** \$1,000,000  
**Principal Investigator:** Nora Taylor  
**Award:** Grant

**Awardee:** Texas, Health and Human Services Commission  
 P.O. Box 13247  
 Austin, TX 78711-3247

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwiia](http://www.cms.hhs.gov/twwiia).

**Status:** This award has ended. ■

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**Ticket to Work and Work Incentives Improvement Grant - Utah**

**Project No:** 11-P-91217/08-04  
**Project Officer:** John Young  
**Period:** October 2000 to December 2004  
**Funding:** \$2,125,000  
**Principal Investigator:** Catherine Chambliss  
**Award:** Grant  
**Awardee:** Utah, Department of Health  
 288 N. 1460 West, 3rd Floor, P.O.  
 Box 143108  
 Salt Lake City, UT 84114-3108

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local

agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is complete. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Vermont**

**Project No:** 11-P-91237/01  
**Project Officer:** Phillip Otto  
**Period:** October 2000 to December 2007  
**Funding:** \$1,500,000  
**Principal Investigator:** Tim Tremblay  
**Award:** Grant  
**Awardee:** Vermont Division of Vocational Rehabilitation  
103 South Main Street  
Waterbury, VT 05671

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). ■

#### **Ticket to Work and Work Incentives Improvement Grant - Virginia**

**Project No:** 11-P-91478/03  
**Project Officer:** Carey Appold  
**Period:** January 2002 to December 2005  
**Funding:** \$2,000,000  
**Principal Investigator:** Kathryn Kotula  
**Award:** Grant  
**Awardee:** Virginia, Department of Medical Assistance Services  
600 East Broad St, Suite 1300  
Richmond, VA 23219

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This project was completed in December 2005. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Washington**

**Project No:** 11-P-91232/00-04  
**Project Officer:** John Young  
**Period:** October 2000 to December 2004  
**Funding:** \$2,125,000  
**Principal Investigator:** Steven Wish  
**Award:** Grant  
**Awardee:** Washington, Department of Social and Health Services  
P.O. Box 455354  
Olympia, WA 98504-5858

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is complete. ■

#### **Ticket to Work and Work Incentives Improvement Grant - West Virginia**

**Project No:** 11-P-91215/03  
**Project Officer:** Jeannine Eberly  
**Period:** January 2001 to December 2005  
**Funding:** \$2,124,994  
**Principal Investigator:** Brenda King  
**Award:** Grant  
**Awardee:** West Virginia, Division of Rehabilitation Services  
 F. Ray Power Bldg, PO Box 1004 Institute, WV 25112

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and

create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This project was completed in December 2005. ■

#### **Ticket to Work and Work Incentives Improvement Grant - Wisconsin**

**Project No:** 11-P-91227/05  
**Project Officer:** Carey Appold  
**Period:** October 2000 to December 2004  
**Funding:** \$2,663,935  
**Principal Investigator:** John Reiser  
**Award:** Grant  
**Awardee:** Wisconsin Department of Health and Family Services  
 One West Wilson Street, PO Box 309  
 Madison, WI 53701

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is now complete. ■

## Ticket to Work and Work Incentives Improvement Grant - Wyoming

**Project No:** 11-P-91492/08-01  
**Project Officer:** Carey Appold  
**Period:** January 2002 to December 2004  
**Funding:** \$500,000  
**Principal Investigator:** Dave Schaad  
**Award:** Grant  
**Awardee:** Wyoming Institute for Disabilities, University of Wyoming  
PO Box 3314  
Laramie, WY 82071

**Description:** The Medicaid Infrastructure Grant Program is authorized under Section 204 of the Ticket-to-Work and Work Incentives Improvement Act. The 11-year competitive grant program provides funding to States for Medicaid infrastructure development that will build supports for people with disabilities who would like to be employed. States are encouraged to use grant funding to implement and develop the optional working disabled eligibility group (Medicaid buy-in), increase the availability of statewide personal assistance services, form linkages with other State and local agencies that provide employment related supports, and create a seamless infrastructure that will maximize the employment potential of all people with disabilities.

For additional information concerning the Medicaid Infrastructure Grant Program, please visit our website at [www.cms.hhs.gov/twwia](http://www.cms.hhs.gov/twwia).

**Status:** This award was made to allow the State to develop the infrastructure that will support the development of demonstration(s). The project is complete. ■

## Time Study Project Data Collection and Analysis

**Project No:** 500-02-0030/02  
**Project Officer:** Jeanette Kranacs  
**Period:** September 2005 to March 2007  
**Funding:** \$4,740,002  
**Principal Investigator:**  
**Award:** Task Order  
**Awardee:** Iowa Foundation for Medical Care  
6000 Westown Parkway  
West Des Moines, IA 50266

**Description:** This Task Order shall implement and manage CMS's multistate nursing home time study including the following tasks: establishing an advisory group to recommend clinical design; recruiting nursing homes, State agencies, and volunteers to participate; providing hardware, software, and training to obtain the data in a useable form; coordinating the data collection in a pilot test; and conducting the time study. [In Phase II (Optional), the contractor shall analyze the data obtained, reevaluate the RUG-III grouper methodology, and recalibrate the case mix weights.]

**Status:** The contractor has established an advisory group, recommended clinical design, recruited state agencies, and conducted two pilot time studies. The contractor is starting to recruit nursing homes and volunteers and to coordinate data collection. ■

## Transportable Simulation-Based Training

**Project No:** 18-P-92332/01-01  
**Project Officer:** Carl Taylor  
**Period:** August 2004 to August 2006  
**Funding:** \$98,732  
**Principal Investigator:** Marc Shapiro  
**Award:** Grant  
**Awardee:** Rhode Island Hospital  
593 Eddy Street  
Providence, RI 02903

**Description:** This project will develop a transportable simulation-based curriculum to provide patient safety and human factors training or resident physicians at teaching hospitals that care for Medicare and Medicaid patients. The specific areas of focus include: (1) teamwork in emergent situations; (2) transitions in care; (3) authority gradients and cultural change (e.g., medical error disclosure); and (4) clinician recognition of cognitive biases which lead to diagnostic error.

**Status:** The project is continuing and the end date is August 05, 2006. ■

## Trends in Enrollee Characteristics in the Medicare Risk Contracting Program

<b>Project No:</b>	ORDI-IM-2006-00001
<b>Project Officer:</b>	Gerald Riley
<b>Period:</b>	October 2005 to October 2006
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	Gerald Riley Carlos Zarabozo
<b>Award:</b>	Intramural
<b>Awardee:</b>	Centers for Medicare & Medicaid Services 7500 Security Boulevard Baltimore, MD 21244-1850

**Description:** Previous research has found Medicare risk contract enrollees to be younger and healthier than beneficiaries in fee-for-service (FFS). Medicare Current Beneficiary Survey data from the Access to Care files were used to examine trends in demographic, health, and functional status measures among risk contract and FFS enrollees from 1991 to 2004.

**Status:** A manuscript has been prepared and is under review for publication. ■

In 1990, the Centers for Medicare and Medicaid Services (CMS) (at the time referred to as HCFA) initially approved a demonstration to pay Part B services on a capitated basis rather than on a cost basis. In 1997, CMS approved waivers that continued the Part B capitation approach and included risk sharing for Part A services.

The basic risk-sharing methodology involves setting an experience-based Part A expenditure target prior to each payment year. After each payment year there is a reconciliation, whereby the actual Part A expenditures for the Funds beneficiaries are compared to the target. Any savings or losses are shared equally (50/50) between CMS and UMWA once a 2-percent bracket is exceeded around the target. The Funds gains and losses are capped between 88-112 percent of the target. Each year's target amount is determined from a rolling 3-year old base trended forward using Medicare inflation rates.

In order to improve the management and coordination of care for its elderly population, the Funds has implemented various programs/services (many of which are found in managed care type plans). The majority of these programs/services are focused in three "target" areas; where the Funds have established relationships with local providers. Despite the appearance of a managed care type delivery system in these parts of Alabama, Pennsylvania and West Virginia, the provision of health care primarily remains on a fee-for-service basis. The Funds Medicare beneficiaries reside in almost every State and, as a result of statutory obligations placed on the Funds, (in most cases) have freedom of choice in choosing their health provider and/or supplier.

## United Mine Workers of America Demonstration: An Integrated Care Coordination/Management Program for an Elderly, Chronically-Ill Population

<b>Project No:</b>	95-C-99643/03
<b>Project Officer:</b>	Jason Petroski
<b>Period:</b>	July 1990 to September 2007
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	Joel Kavet
<b>Award:</b>	Grant
<b>Awardee:</b>	United Mine Workers of America Health and Retirement Funds 2121 K Street, NW Washington, DC 20037

**Description:** The United Mine Workers of America Health and Retirement Funds (UMWA /the Funds) has been a Health Care Prepayment Plan (HCPP) since 1978. It acts as a Medicare carrier; that is, carriers have instructions to forward all Part B claims they receive for the Funds beneficiaries to the Funds for processing. The Part A claims incurred by the Funds beneficiaries are paid by CMS's Fiscal Intermediary.

One of the Funds strategies is to substitute less expensive care whenever appropriate. The Funds continues to encourage primary and preventive care among its population in lieu of more expensive hospital care. Most of the interventions are designed to manage care provided in a fee-for-service setting, which include: disease management, pre-certification of selected services, implementation of a pilot telephonic nurse advice line, coordination of care, networ

**Status:** The Funds are currently involved in an assessment of non-demonstration alternatives that would transition the demonstration into a Medicare Advantage Organization (MAO) following the end of the current demonstration period. CMS is assisting the Funds in the evaluation of possible MAO alternatives. ■

## Use of the PACE Health Survey for Dual Eligible Demonstration in Wisconsin, Minnesota, and Massachusetts, The

<b>Project No:</b>	500-00-0024/11
<b>Project Officer:</b>	Susan Radke
<b>Period:</b>	April 2003 to December 2005
<b>Funding:</b>	\$499,702
<b>Principal Investigator:</b>	Edith Walsh
<b>Award:</b>	Task Order (RADSTO)
<b>Awardee:</b>	Research Triangle Institute, (NC) PO Box 12194, 3040 Cornwallis Road Research Triangle Park, NC 27709-2194

**Description:** The purpose of this project is to administer the PACE Health Survey (now called the Health Outcomes Survey - Modified / HOS-M) for community-dwelling enrollees in three Dual Eligible Demonstrations, collect the survey data, and perform the appropriate impact analysis and analysis of survey data needed to implement an additional payment frailty adjustor.

In June 2001, the Research Triangle Institute (RTI) was selected as a primary contractor to test and administer the PACE Health Survey (PHS) in a pilot study to a sample of PACE enrollees (500-00-0030 TO #3). The contract was amended in year 2002, to have RTI and its subcontractor, New England Research Institute (NERI), administer the PHS to all PACE organizations during year 2003 and 2004. In this project the existing contractor and sub-contractor implemented the PHS in 2003 for all community-dwelling members of the Wisconsin Partnership Program (WPP), the Minnesota Senior Health Options (MSHO), and Minnesota Disability Health Options (MnDHO) demonstration. The survey was repeated in 2004 for Wisconsin and Minnesota and again in 2005 for the Wisconsin, Minnesota, and Massachusetts dual eligible demonstration projects.

**Status:** 2003 Surveys were completed and the overall PHS survey response rate was high. Data files were delivered to CMS the month that data collection was complete. A 2003 non-response analysis was conducted to ascertain whether beneficiaries who did not respond to the PHS differ in frailty from those who did respond to the survey. Optional task 5 was exercised to begin sampling for the 2004 survey and analysis. However, the survey was not conducted in Massachusetts SCO since this was a new demonstration in 2004. There were no SCO enrollees at the time of survey implementation.

Further, the Scope of Work was modified in 2004 to include an additional task wherein RTI would provide survey support and analysis tasks related to the collection of survey data for all three dual eligible demonstrations in Minnesota, Massachusetts, and Wisconsin. Beginning in 2005, the demonstration health plans were required to contract with Health Outcomes Survey (HOS) vendors to collect a shortened version of the HOS as a substitute for the PHS. This shortened version is called the HOS-M (modified). This task is the first step in a planned transition to use the HOS-M for all dual eligible demonstrations. The HOS-M instrument and protocol were approved by NCQA and CMS. During 2005, RTI performed functions that enhanced the response to the HOS-M protocol so as to maintain a high survey rate. The contractor implemented the protocol enhancements and assisted the HOS vendors in obtaining the data needed from the demonstration health plans. They also performed specific data cleaning and analytic functions with data received from the HOS vendors. RTI is also providing survey support and analysis for the year 2006. ■

## Vermont Health Access Plan (VHAP)

<b>Project No:</b>	11-W-00051/01
<b>Project Officer:</b>	Angela Garner
<b>Period:</b>	January 1996 to October 2005
<b>Funding:</b>	\$0
<b>Principal Investigator:</b>	John Michael Hall
<b>Award:</b>	Waiver-Only Project
<b>Awardee:</b>	Vermont, Agency of Human Services 103 S. Main St Waterbury, VT 05671-1601

**Description:** Vermont's section 1115 Medicaid demonstration makes comprehensive health care coverage available to individuals, including those currently eligible for coverage under Vermont's Medicaid Program and uninsured poor who become newly eligible. VHAP implements a statewide mandatory Medicaid managed-care program. The program began on January 1, 1996 and will operate for 11 years. The demonstration provides health care services to uninsured low-income Vermont residents (up to 300 percent of the Federal Poverty Level (FPL) for children, and up to 185 percent of the FPL for parents and caretakers of eligible children). It also provides a Medicaid prescription-drug benefit to the State's low-income Medicare beneficiaries. Finally, it improves access, service coordination, and quality of care through the implementation of a managed-care delivery system.

**Status:** As of October 2005, this demonstration was cancelled. There is a new demonstration entitled "Vermont Global Commitment to Health." ■

### **Violence Prevention as a Public Health Strategy to Reducing Health Care Costs Associated with Medicaid**

**Project No:** 20-P-91761/03-02  
**Project Officer:** Richard Bragg  
**Period:** September 2002 to April 2005  
**Funding:** \$238,536  
**Principal Investigator:** Michael Mbanaso  
**Award:** Grant  
**Awardee:** Howard University Office of Research Administration  
 2400 6th Street, NW  
 Washington, DC 20059

**Description:** The purpose of this study is to ascertain the potential benefit of applying violence prevention as a public health strategy toward reducing health care costs associated with Medicaid expenditures for gun violence-related injuries. Specifically, the researcher will investigate the effects of violence prevention measures on health outcomes among African-Americans in urban centers. Four major objectives are to: (1) analyze gun-related violence and trends in three urban study sites: Washington, D.C.; Baltimore, MD.; and New York City; (2) analyze rates of gun-related violence (fatal and non-fatal) among African-American youths within the selected study sites; (3) analyze health care and Medicaid costs associated with those gun-related injuries; and (4) develop a model program intervention strategy for violence prevention.

**Status:** This project was provided under the HBCU Health Services Research Grant Program. It is complete. ■

### **Waiver Management System Database and Grant On-Line Management System**

**Project No:** 500-00-0021/04  
**Project Officer:** Herbert Thomas  
**Period:** August 2005 to August 2008  
**Funding:** \$3,949,334  
**Principal Investigator:** Majorie Hatzman  
**Award:** Task Order (RADSTO)

### **Awardee:**

MEDSTAT Group (DC - Conn. Ave.)  
 4301 Connecticut Ave., NW, Suite 330  
 Washington, DC 20008

**Description:** The purpose of this Task Order is to collect accurate data, and analyze it in a timely manner. The Waiver Management System database (WMSD) and the Grant On-Line Management System to be developed and implemented under this Task Order are designed to fulfill this need.

**Status:** The project is underway. ■

### **Wisconsin Partnership Program**

**Project No:** 11-W-00123/05  
**Project Officer:** James Hawthorne  
**Period:** October 1998 to December 2009  
**Funding:** \$0  
**Principal Investigator:** Steve Landkamer  
**Award:** Waiver-Only Project  
**Awardee:** Wisconsin Department of Health and Family Services  
 One West Wilson Street, PO Box 309  
 Madison, WI 53701

**Description:** The State of Wisconsin submitted an application to the Centers for Medicare and Medicaid Services (then HCFA) in February 1996 for Medicare 402/222 and Medicaid 1115 demonstration waivers to establish a "Partnership" model of care for dually-entitled nursing home-certifiable beneficiaries who are either elderly or under age 65 with physical disabilities. Waivers were approved for this demonstration on October 16, 1998 and all four sites called for in the demonstration—Elder Care and Community Living Alliance (CLA) in Madison, Community Care for the Elderly (CCE) in Milwaukee, and Community Health Partnership (CHP) in Eau Claire—became operational between January 1, 1999 and May 1, 1999. A total of 1,916 beneficiaries were enrolled as of February 31, 2005. In Milwaukee, the Partnership site is co-located with a pre-existing PACE (Program of All-inclusive Care for the Elderly) site and serves an elderly population. ElderCare also serves only elderly participants. CLA serves only people under 65 with disabilities and CHP serves both populations. The CLA and CHP were the first plans in the nation to provide fully capitated Medicare and Medicaid services for people with physical disabilities. Roughly a quarter of Partnership

enrollees are persons with disabilities and about 85% of the total enrollment is dually eligible. The proportion of dual eligibles varies from 60% among persons with disabilities to 95% among the elderly.

The Partnership model is similar to the PACE model in the use of multidisciplinary care teams, combined Medicare and Medicaid capitation payments, and sponsorship by community-based service providers. The programs differ in two important ways. The Partnership treatment team consists of a community-based primary care physician (PCP) plus a nurse practitioner, nurse, and social worker that are employed by the health plan. The plan-based team members provide in-home services and facilitate continuity and coordination of care with the PCP and other health providers. The Partnership team is smaller than the PACE team since it does not include occupational, physical, or speech therapists. Partnership plans also do not require direct participation of primary care physicians in team meetings as does PACE. In the Partnership model, the nurse practitioner has primary responsibility for coordinating the activities of the plan-based team with those of the community-based physician. A second important difference between the two programs is that PACE sites have traditionally established day

**Status:** The demonstration's Medicare 402/222 waiver expires December 31, 2007. The WPP plans have been approved as Institutional Special Needs Programs and will begin operating under regular Medicare rules as of January 1, 2008. The Medicaid 1115 waiver expires on December 31, 2006 and, as of March 2006, the State is in the process of deciding whether to renew that waiver or to continue the demonstration under different authority. ■

which has one of the highest percentages of medically uninsured residents in the State of Kansas. This project will target 25%, or 950, of the 3,800 uninsured residents in the service area. The objective of this project is to provide compassionate, quality, and affordable physical and behavioral health care to uninsured individuals and families in the service areas of Wyandotte and Johnson counties.

**Status:** This project is continuing; the end date is April 30, 2006. ■

### Workers Without Insurance

**Project No:** 18-P-93127/7-01  
**Project Officer:** Carl Taylor  
**Period:** May 2005 to April 2006  
**Funding:** \$496,000  
**Principal Investigator:** Phyllis White  
**Award:** Grant  
**Awardee:** Swope Health Services  
3801 Blue Parkway  
Kansas City, MO 64130

**Description:** Swope Health Services is a Federally Qualified Health Center and Community Mental Health Center and is a major player in and critical part of the Greater Kansas City Metropolitan Area safety net of care. The service area includes Wyandotte County

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- 95-P-92261/08-01 - Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Utah
- 95-P-91681/00-03 - Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Washington
- 95-P-92266/03-01 - Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - West Virginia
- 95-P-91679/08-03 - Medicaid and SCHIP Payment Accuracy Measurement (PAM) Project - Wyoming
- 500-00-0047/03 - Medicaid Buy-In Outcomes Work Incentives Systems--TWWIIA
- 11-W-00076/09 - Medicaid Demonstration Project for Los Angeles County
- 500-00-0051/01 - Medicaid Payment Accuracy Measurement (PAM) Project
- 95-P-93013/9-01 - Medicaid Payment Accuracy Measurement (PAM) Project - Arizona
- 95-P-92267/09-01 - Medicaid Payment Accuracy Measurement (PAM) Project - California
- 95-P-92260/08-01 - Medicaid Payment Accuracy Measurement (PAM) Project - Colorado
- 95-P-92263/03-01 - Medicaid Payment Accuracy Measurement (PAM) Project - District of Columbia
- 95-P-91806/04-02 - Medicaid Payment Accuracy Measurement (PAM) Project - Florida
- 95-P-91804/5-02 - Medicaid Payment Accuracy Measurement (PAM) Project - Indiana
- 95-P-92259/04-01 - Medicaid Payment Accuracy Measurement (PAM) Project - Kentucky
- 95-P-91685/05-02 - Medicaid Payment Accuracy Measurement (PAM) Project - Minnesota

- 95-P-91686/8-03 - Medicaid Payment Accuracy Measurement (PAM) Project - North Dakota
- 95-P-91808/06-02 - Medicaid Payment Accuracy Measurement (PAM) Project - Oklahoma
- 95-P-92262/04-01 - Medicaid Payment Accuracy Measurement (PAM) Project - South Carolina
- 95-P-92270/8-01 - Medicaid Payment Accuracy Measurement (PAM) Project - South Dakota
- 95-P-92271/03-01 - Medicaid Payment Accuracy Measurement (PAM) Project - Virginia
- 95-P-92266/3-01 - Medicaid Payment Accuracy Measurement (PAM) Project - West Virginia
- 500-00-0047/04 - Medicaid Statistical Information System(MSIS) Expansion and Data Quality Support
- 95-W-00104/09 - Medicare + Choice Alternative Payment (Phase I) Demonstration
- 95-W-00108/05 - Medicare + Choice Alternative Payment (Phase I) Demonstration
- 95-W-00107/03 - Medicare + Choice Alternative Payment (Phase I) Demonstration
- 95-W-00106/03 - Medicare + Choice Alternative Payment (Phase I) Demonstration
- 95-W-00105/04 - Medicare + Choice Alternative Payment (Phase I) Demonstration
- 95-W-00078/06 - Medicare Case Management Demonstration for Congestive Heart Failure (CHF) and Diabetes Mellitus (DM)
- 500-01-0020/04 - Medicare Contractor Provider Satisfaction Survey (MCPSS)
- 500-2004-00006C - Medicare Current Beneficiary Survey
- 30-P-91703/05-01 - Medicare Health Maintenance Organizations Withdrawals and Modifications
- 95-W-00150/01 - Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Chestnut Hill Site
- 95-W-00176/04 - Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Nashville Site
- 95-W-00148/03 - Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Portsmouth Site
- 95-W-00179/03 - Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Richmond Site
- 95-W-00178/05 - Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - South Bend Site
- 95-W-00149/10 - Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Tacoma Site
- 95-W-00146/01 - Medicare Lifestyle Modification Program Demonstration - Mind/Body Medical Institute - Warwick Site
- 95-W-00137/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Charleston Site
- 95-W-00139/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Clarksburg Site
- 95-W-00132/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Dubois Site
- 95-W-00151/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Erie Site
- 95-W-00181/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Greensburg Site
- CSQ-00-0012 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Highmark Site
- 95-W-00140/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Huntington Site
- 95-W-00143/07 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Kearney Site
- 95-W-00138/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Martinsburg Site
- 95-W-00133/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Monongahela Site
- 95-W-00144/03 - Medicare Lifestyle Modification Program Demonstration

- Preventive Medicine Research Institute - Morgantown Site
- 95-W-00142/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - New Castle Site
- 95-W-00136/07 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Omaha Site
- 95-W-00131/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Pittsburgh
- 95-W-00141/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Princeton Site
- 95-W-00180/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Trexeltown Site
- 95-W-00135/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Wheeling Site
- 95-W-00134/03 - Medicare Lifestyle Modification Program Demonstration - Preventive Medicine Research Institute - Windber Site
- 500-95-0060/02 - Medicare Lifestyle Modification Program Demonstration Evaluation
- 500-02-0012 - Medicare Lifestyle Modification Program Demonstration: Quality Monitoring and Review
- 500-96-0006/04 - Medicare Post-Acute Care: Evaluation of BBA Payment Policies and Related Changes
- 95-W-00127/09 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91742/09-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91800/04-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91795/04-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91739/05-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-W-00113/07 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-W-00114/07 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91741/01-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-W-00115/03 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-W-00116/03 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91799/03-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-W-91740/03-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91792/02-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91729/05-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91797/05-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91727/02-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91734/05-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91737/02-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91744/02-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91731/04-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91796/09-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-C-91733/06-01 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- 95-W-00119/09 - Medicare Preferred Provider Organization (PPO) Demonstration (Phase II)
- HHSM-500-2005-00025I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order - Mathematica Policy Research
- HHSM-500-2005-00031I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order - URREA
- HHSM-500-2005-00023I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - JEN Associates, Inc.

- HHSM-500-2005-00024I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - Lewing
- HHSM-500-2005-00026I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - MEDSTAT
- HHSM-500-2005-00028I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - Rand Corporation
- HHSM-500-2005-00029I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - Research Triangle Institute
- HHSM-500-2005-00027I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - University of Minnesota
- HHSM-500-2005-00032I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - University of Wisconsin
- HHSM-500-2005-00030I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contract - Urban Institute
- HHSM-500-2005-00018I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contracts - Abt
- HHSM-500-2005-00019I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contracts - American Institute for Research (AIR)
- HHSM-500-2005-00020I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contracts - Brandeis University
- HHSM-500-2005-00021I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contracts - CNA
- HHSM-500-2005-00022I - Medicare/Medicaid Research and Demonstration (MRAD) Task Order Contracts - University of Colorado, CHPR
- 18-P-93115/4-01 - Memphis Metropolitan Statistical Area (MSA) Biologistics Study
- 95-W-00083/04 - Mercy Medical Skilled Nursing Home Payment Demonstration
- 11-W-00039/05 - Minnesota Prepaid Medical Assistance Project Assistance Plus (PMAP+)
- 11-W-00024/05 - Minnesota Senior Health Options/Minnesota Disability Health Options
- 11-W-00122/07 - Missouri Managed Care Plus (MC+)
- 500-00-0045/02 - Model Waiver Evaluation- HIFA
- HHSM-500-2005-00027I/01 - Monitoring Chronic Disease Care and Outcomes Among Elderly Medicare Beneficiaries with Multiple Chronic Diseases
- 95-P-51000/03 - Municipal Health Services Program: Baltimore
- 95-P-51000/05a - Municipal Health Services Program: Cincinnati
- 95-P-51000/05 - Municipal Health Services Program: Milwaukee
- 95-P-51000/09 - Municipal Health Services Program: San Jose
- 500-00-0037/09 - Mystery Shopping
- 500-00-0048/01 - National Evaluation of the Demonstration to Improve the Direct Service Community Workforce
- 500-95-0061/07 - National Implementation of Medicare Consumer Assessment of Health Plans Study - Fee-for-Service (CAHPS-FFS) Survey
- 500-01-0020/02 - National Implementation of Medicare CAHPS - MMC Survey
- 11-P-92299/9-02 - National Integrated Network for HIV/AIDS Care
- 18-P-91848/05-01 - National Pediatric Care Education Initiative
- 500-96-0006/02 - National Resource Center on Home and Community Based Services - Quality Under Home and Community Based Waiver
- 250-P-91910/04-02 - Navigating the U.S. Healthcare System
- 500-00-0021/02 - New Freedom Initiative Research
- 11-W-00118/02 - New Jersey Cash and Counseling Demonstration
- 11-W-0012416 - New Mexico Health Care Reform Demonstration
- 11-P-92243/00-01 - NF: Demo to Improve Direct Service Community
- 11-P-92212/03-01 - NF: Demo to Improve Direct Service Community
- 11-P-92175/06-01 - NF: Demo to Improve Direct Service Community
- 18-P-92307/3-01 - North Penn VNA Children's Clinic
- 18-C-91674/01-02 - Northern New England Vascular Surgery Quality Improvement Initiative

- 18-P-91656/04 - Nursing Facility Transitions, Independent Living Partnership
- 18-P-91580/06 - Nursing Facility Transitions, Independent Living Partnership
- 18-P-91591/01 - Nursing Facility Transitions, State Program
- 18-P-91638/04 - Nursing Facility Transitions, State Program
- 18-P-91639/01 - Nursing Facility Transitions, State Program
- 18-P-91518/00 - Nursing Facility Transitions, State Program
- 18-P-91544/01 - Nursing Facility Transitions, State Program
- 18-P-91623/03 - Nursing Facility Transitions, State Program
- 18-P-91651/08 - Nursing Facility Transitions, State Program
- 18-P-92331/8-01 - Nursing Home/Assisted Living Facility Construction
- 11-W-00072/09 - Oakland Enhanced Enterprise Community (EEC), Community Building Team (CBT) Program
- 500-01-0021/01 - Oasis Study
- 11-W-00048/06 - Oklahoma SoonerCare Demonstration
- 18-P-92297/07-01 - Open Source Electronic Health Record (EHR) Pilot Project
- 11-W-00130/00 - Oregon 1115 Independent Choices
- 500-00-0026/02 - Outcome and Assessment Information Set (OASIS) Technical Analysis and Support Contract
- GS-35F-4694G - Outpatient Therapy Alternative Payment Study
- 18-P-92417/09-01 - Outreach and Enrollment Assistance for Childrens Health Initiative
- 11-W-00114/02 - Partnership Plan, The
- 18-P-92320/03-01 - Patient Care Workforce Stabilization
- 18-P-92326/03-01 - Patient Care Workforce Stabilization
- 18-P-92311/03-01 - Patient Care Workforce Stabilization
- 18-P-92324/03-01 - Patient Care Workforce Stabilization
- 18-P-92328/03-01 - Patient Care Workforce Stabilization
- 18-P-92313/03-01 - Patient Care Workforce Stabilization
- 18-P-92330/03-01 - Patient Care Workforce Stabilization
- 18-P-92318/03-01 - Patient Care Workforce Stabilization
- 18-P-92317/03-01 - Patient Care Workforce Stabilization
- 18-P-92314/03-01 - Patient Care Workforce Stabilization
- 18-P-92322/03-01 - Patient Care Workforce Stabilization
- 18-P-92315/03-01 - Patient Care Workforce Stabilization
- 18-P-92327/03-01 - Patient Care Workforce Stabilization
- 18-P-92319/03-01 - Patient Care Workforce Stabilization
- 18-P-92329/03-01 - Patient Care Workforce Stabilization
- 18-P-92316/03-01 - Patient Care Workforce Stabilization
- 18-P-92312/03-01 - Patient Care Workforce Stabilization
- 18-P-92310/03-01 - Patient Care Workforce Stabilization
- 18-P-92321/03-01 - Patient Care Workforce Stabilization
- 500-95-0060/04 - Patterns of Injury in Medicare and Medicaid Beneficiaries
- 18-P-93066/9-01 - Pay-for-Performance for Physical Therapy and Occupational Therapy: Medicare Part B Services
- 95-P-92275/06-01 - Payment Accuracy Measurement (PAM) Project - New Mexico
- 500-00-0036/02 - Payment Development, Implementation and Monitoring for the BIPA Disease Management Demonstration
- 500-01-0033/03 - Payment Development, Implementation Support, and Financial Monitoring for the Care Management of High Cost Beneficiaries Demonstration

- 500-00-0036/01 - Payment Development, Implementation, and Monitoring Support for the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act (BIPA) Disease Management Demonstrations
- 500-00-0036/03 - Payment, Data Management, Implementation, and Monitoring Support for the Medicare Care Management Performance Demonstration
- 18-P-91848/5-02 - Pediatric Palliative Care Demonstration Project
- 500-92-0013/05 - Per-Case Payment to Encourage Risk Management and Service Integration in the Inpatient Acute-Care Setting
- 500-00-0024/12 - Physician Referral Patterns to Specialty Hospitals
- 500-00-0051/05 - Pilot Study of Medicaid Payment Accuracy Review
- 500-2004-00054C - Practice Expense Methodology
- 95-W-00103/04 - Premier Hospital Quality Incentive Demonstration
- 500-00-0015/02 - Premier Hospital Quality Incentive Demonstration
- CMS-03-01070 - Preparation of Analytic Data for National, State and Age Accounts Data Analysis
- 500-00-0024/02c - Prescription Drug Benefit Questionnaire Item Development and Cognitive Testing
- 500-00-0047/02 - Prescription Drug Coverage in Medicaid: Using Medicaid Claims Data to Develop Prescription Drug Monitoring and Analysis
- 11-W-00131/03 - Program to Enhance Medicaid Access for Low Income HIV-Infected Individuals in the District of Columbia (DC HIV/AIDS 1115 Demonstration)
- 500-00-0051/04 - Programmatic Technical Assistance to the Grantees Under the Demonstration to Improve the Direct Service Community Workforce
- 500-02-0006/02 - Programming Support for Data to Study Drug Utilization of Medicare-Aged Merged Information from Medicare and Federal BC/BS Retirees
- 500-96-0516/09 - Programming support for development of the SEER-Medicare database
- 500-96-0516/10 - Programming Support for the Development of the SEER-Medicare Database to Examine the Hospice Benefit among Aged Medicare Beneficiaries
- 500-02-0006/05 - Programming Support for the Evaluation of the MMA Section 641(e) Demonstration Program
- 500-02-0006/04 - Programming Support for Utilization and Cost Studies Using the SEER-Medicare Database
- 500-96-0516/06 - Programming, Analytical and Data Presentation Support for Future of Medicare Related Issues
- CMS-03-00330 - Project Planning Templates and Development of XML Data Files
- 18-P-92386/03-02 - Project to Assist the Patient Advocate Foundation (PAF) in Serving Patients Experiencing Difficulty Accessing Quality Health Care Services, A
- 20-P-91884/04-02 - Promoting Health in the African-American Community (PHAAC): Implementing Relaxation Techniques to Reduce Cardiovascular Risk Factors
- 500-03-0048 - Promoting State Interest in Identifying PACE Markets
- 500-95-0058/13 - Psychiatric Inpatient Routine Cost Analysis
- 500-00-0024/14 - Public Reporting and Provider and Health Plan Quality of Care
- 500-00-0032/01 - Quality Monitoring for the Medicare Participating Centers of Excellence Demonstration
- 500-01-0020/05 - Questionnaire Design and Testing, Data Collection and Analysis, A Related Survey of QIO's
- 500-96-0018/02 - Racial Disparities in Health Services Among Medicaid Pregnant Women, Multi-State Analysis
- 18-C-91117/08 - Rationalize Graduate Medical Education Funding
- 18-P-91592/04 - Real Choice Systems Change - Alabama
- 18-P-91598/06 - Real Choice Systems Change - Arkansas
- 18-P-91557/03 - Real Choice Systems Change - Delaware
- 18-P-91636/04 - Real Choice Systems Change - Florida

- 18-P-91629/00 - Real Choice Systems Change - Guam
- 18-P-91620/09 - Real Choice Systems Change - Hawaii
- 18-P-91537/00 - Real Choice Systems Change - Idaho
- 18-P-91602/04 - Real Choice Systems Change - Kentucky
- 18-P-91540/01 - Real Choice Systems Change - Maine
- 18-P-91593/03 - Real Choice Systems Change - Maryland
- 18-P-91663/05 - Real Choice Systems Change - Michigan
- 18-P-91516/01 - Real Choice Systems Change - New Hampshire
- 18-P-91661/04 - Real Choice Systems Change - North Carolina
- 18-P-91555/04 - Real Choice Systems Change - South Carolina
- 18-P-91565/01 - Real Choice Systems Change - Vermont
- 500-99-0038 - Refinement of Risk Adjustment for Special Populations
- 500-00-0030/04 - Refinements to Medicare Diagnostic Cost Group (DCG) Risk-Adjustment Models
- CMS-IA-05-28A-3 - Relative Efficacy of Oral Cancer Therapy for Medicare Beneficiaries Versus Currently Covered Therapy, The
- 500-00-0059/03 - Research and Demonstrations Projects Searchable Database: Stage Two, Improvement, Enhancements, and Implementation
- 500-01-0043 - Research Data Assistance Center (ResDAC) - II
- 500-01-0031/01 - Research Data Distribution Center
- 500-00-0044/02 - Research on System Change for Community Living
- 500-01-0029 - Research, Analysis, Demonstration, and Survey Task Order Contract
- 500-01-0021 - Research, Analysis, Demonstration, and Survey Task Order Contract - Abt
- 500-01-0023 - Research, Analysis, Demonstration, and Survey Task Order Contract - AIR
- 500-01-0026 - Research, Analysis, Demonstration, and Survey Task Order Contract - Anasys
- 500-01-0033 - Research, Analysis, Demonstration, and Survey Task Order Contract - ARC
- 500-01-0022 - Research, Analysis, Demonstration, and Survey Task Order Contract - Gallup
- 500-01-0017 - Research, Analysis, Demonstration, and Survey Task Order Contract - Hope
- 500-01-0028 - Research, Analysis, Demonstration, and Survey Task Order Contract - Jing Xing
- 500-00-0049 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - Abt Associates
- 500-00-0053 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - C.N.A. Corporation
- 500-00-0051 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - Lewin Group
- 500-00-0047 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - Mathematica
- 500-00-0050 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - Medstat Group (MD)
- 500-01-0019 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - NORC
- 500-00-0048 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - RAND Corporation
- 500-00-0052 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - University of Colorado

- 500-00-0045 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations (R&D) - Urban Institute
- 500-00-0046 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations - RTI (MA)
- 500-00-0044 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicaid Research and Demonstrations - RTI (NC)
- 500-00-0036 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - ARC
- 500-00-0037 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - Bearing Point
- 500-00-0033 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - MPR (Princeton)
- 500-00-0030 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - RTI (MA)
- 500-00-0024 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - RTI (NC)
- 500-00-0026 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - University of Colorado
- 500-00-0029 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - University of Wisconsin
- 500-00-0025 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations (R&D) - Urban Institute
- 500-00-0032 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - Abt Associates
- 500-00-0031 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - Brandeis
- 500-00-0035 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - C.N.A. Corporation
- 500-00-0034 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - Medstat Group (MD)
- 500-00-0027 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - Rand Corporation
- 500-00-0028 - Research, Analysis, Demonstration, and Survey Task Order Contract - Medicare Research and Demonstrations - URREA
- 500-01-0025 - Research, Analysis, Demonstration, and Survey Task Order Contract - MPR
- 500-00-0015 - Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - Abt Associates
- 500-00-0016 - Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - ARC
- 500-00-0017 - Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - Barents (Bearing Point)
- 500-00-0018 - Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - Brandeis
- 500-00-0019 - Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - C.N.A. Corporation
- 500-00-0021 - Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - Medstat Group (MD)
- 500-00-0020 - Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - MPR (Princeton)
- 500-00-0023 - Research, Analysis, Demonstration, and Survey Task Order Contract - Policy Analysis - Urban Institute
- 500-01-0024 - Research, Analysis, Demonstration, and Survey Task Order Contract - RAND

- 500-01-0018 - Research, Analysis, Demonstration, and Survey Task Order Contract - RTI
- 500-01-0020 - Research, Analysis, Demonstration, and Survey Task Order Contract - Westat
- 500-00-0022 - Research, Analysis, Demonstration, and Survey Task Order Contract -- Policy Analysis - RTI (NC)
- GS-23F-9840H/500-2005-00001G - Review of Current Standards of Practice for Pharmacy Services Provided to Medicare Beneficiaries Residing in Long-Term Care Facilities
- GS-35F-4052G/HCFA-99-1230 - Risk Adjustment Implementation for Medicare Demonstrations
- HHSM-500-2005-00034C - Rural Hospice Demonstration: Quality Assurance Metrics Implementation Support
- 18-P-91851/09-01 - SacAdvantage Health Insurance Subsidy Program
- 95-W-90503/09 - Second Generation Social Health Maintenance Organization Demonstration: Nevada
- 18-P-91723/05-03 - Shared Integrated Management Information System
- 95-P-09101/02 - Social Health Maintenance Organization Project for Long-Term Care: Elderplan, Inc. (Formerly, Social Health Maintenance Organization Project for Long-Term Care)
- 95-P-09103/00 - Social Health Maintenance Organization Project for Long-Term Care: Kaiser Permanente Center for Health Research
- 95-P-09104/09 - Social Health Maintenance Organization Project for Long-Term Care: SCAN Health Plan
- 18-P-92323/03-02 - Stabilizing Work Force for Patient Care
- 500-00-0032/12 - State Health Insurance Assistance Program Data Collection and Performance Measurement System
- 500-2005-00003C - Statistical Imputation of Prescription Drug Spending
- 500-00-0032/03 - Studies in Home Health Case Mix
- ORDI-IM-109 - Studies of Use and Expenditure Patterns in Medicaid by Therapeutic Class of Drug for Selected Eligibility Groups
- 500-00-0049/02 - Study of Paid Feeding Assistant Programs
- 500-95-0062/03 - Study on Effectiveness of Current LTC Survey and Certification
- 25-P-91468/05 - Studying Migrant and Seasonal Farm Workers
- 500-00-0059 - Support for Research and Analytic Activities - IQSolutions
- 18-P-91857/03-02 - Sustaining Culture Change in LTC Facilities for the Elderly
- 18-C-92395/05-01 - Sustaining the Access Health "Three-Share" Model of Community Health Coverage: Marketing the Product and Managing the Risk
- 500-00-0049/03 - System and Impact Research and Technical Assistance for CMS Fiscal Year 2005 Real Choice Systems Change Grants
- 18-P-93067/3-01 - Take AAIM for Healthy Children Program
- 500-00-0051/06 - Technical Assistance Resource Center for Direct Service Workforce Development
- 500-00-0053/03 - Techniques Taken by States To Rebalance Their Long Term Care System
- 500-95-0059/05 - Telephone Customer Service Strategy -- Customer Satisfaction
- 11-W-00104/04 - Tennessee Families First Demonstration
- 11-P-91228/05 - Ticket to Work and Work Incentives Improvement Grant
- 11-P-91240/04 - Ticket to Work and Work Incentives Improvement Grant
- 11-P-91224/04 - Ticket to Work and Work Incentives Improvement Grant - Alabama
- 11-P-91230/00 - Ticket to Work and Work Incentives Improvement Grant - Alaska
- 11-P-91494/09 - Ticket to Work and Work Incentives Improvement Grant - California
- 11-P-91481/08 - Ticket to Work and Work Incentives Improvement Grant - Colorado
- 11-P-91231/01 - Ticket to Work and Work Incentives Improvement Grant - Connecticut
- 11-P-91482/03 - Ticket to Work and Work Incentives Improvement Grant - Delaware
- 11-P-91241/03 - Ticket to Work and Work Incentives Improvement Grant - District of Columbia

- 11-P-91238/05-01 - Ticket to Work and Work Incentives Improvement Grant - Illinois
- 11-P-91484/05-03 - Ticket to Work and Work Incentives Improvement Grant - Illinois
- 11-P-91491/07-03 - Ticket to Work and Work Incentives Improvement Grant - Iowa
- 11-P-91226/07 - Ticket to Work and Work Incentives Improvement Grant - Kansas
- 11-P-91487/06 - Ticket to Work and Work Incentives Improvement Grant - Louisiana
- 11-P-91223/01-04 - Ticket to Work and Work Incentives Improvement Grant - Maine
- 11-P-91918/01 - Ticket to Work and Work Incentives Improvement Grant - Massachusetts
- 11-P-91489/07-02 - Ticket to Work and Work Incentives Improvement Grant - Missouri
- 11-P-91480/07 - Ticket to Work and Work Incentives Improvement Grant - Nebraska
- 11-P-91220/07 - Ticket to Work and Work Incentives Improvement Grant - Nebraska
- 11-P-91233/09 - Ticket to Work and Work Incentives Improvement Grant - Nevada
- 11-P-91216/01 - Ticket to Work and Work Incentives Improvement Grant - New Hampshire
- 11-P-91218/02 - Ticket to Work and Work Incentives Improvement Grant - New Jersey
- 11-P-91221/06 - Ticket to Work and Work Incentives Improvement Grant - New Mexico
- 11-P-91490/02-04 - Ticket to Work and Work Incentives Improvement Grant - New York
- 11-P-91493/08 - Ticket to Work and Work Incentives Improvement Grant - North Dakota
- 11-P-91476/05 - Ticket to Work and Work Incentives Improvement Grant - Ohio
- 11-P-91477/06 - Ticket to Work and Work Incentives Improvement Grant - Oklahoma
- 11-P-91219/00 - Ticket to Work and Work Incentives Improvement Grant - Oregon
- 11-P-91483/03 - Ticket to Work and Work Incentives Improvement Grant - Pennsylvania
- 11-P-91229/01 - Ticket to Work and Work Incentives Improvement Grant - Rhode Island
- 11-P-91485/08 - Ticket to Work and Work Incentives Improvement Grant - South Dakota
- 11-P-91488/07 - Ticket to Work and Work Incentives Improvement Grant - Texas
- 11-P-91217/08-04 - Ticket to Work and Work Incentives Improvement Grant - Utah
- 11-P-91237/01 - Ticket to Work and Work Incentives Improvement Grant - Vermont
- 11-P-91478/03 - Ticket to Work and Work Incentives Improvement Grant - Virginia
- 11-P-91232/00-04 - Ticket to Work and Work Incentives Improvement Grant - Washington
- 11-P-91215/03 - Ticket to Work and Work Incentives Improvement Grant - West Virginia
- 11-P-91227/05 - Ticket to Work and Work Incentives Improvement Grant - Wisconsin
- 11-P-91492/08-01 - Ticket to Work and Work Incentives Improvement Grant - Wyoming
- 500-02-0030/02 - Time Study Project Data Collection and Analysis
- 18-P-92332/01-01 - Transportable Simulation-Based Training
- ORDI-IM-2006-00001 - Trends in Enrollee Characteristics in the Medicare Risk Contracting Program
- 95-C-99643/03 - United Mine Workers of America Demonstration: An Integrated Care Coordination/Management Program for an Elderly, Chronically-Ill Population
- 500-00-0024/11 - Use of the PACE Health Survey for Dual Eligible Demonstration in Wisconsin, Minnesota, and Massachusetts, The
- 11-W-00051/01 - Vermont Health Access Plan (VHAP)
- 20-P-91761/03-02 - Violence Prevention as a Public Health Strategy to Reducing Health Care Costs Associated with Medicaid
- 500-00-0021/04 - Waiver Management System Database and Grant On-Line Management System
- 11-W-00123/05 - Wisconsin Partnership Program
- 18-P-93127/7-01 - Workers Without Insurance

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